WRITE PLAINLY

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

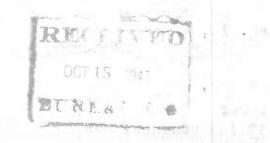
2411 N. Charfes St., Baltimore

09265

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cheverly	State Dist. of Col. County
City of 10Wil	Washington
How long in above place of death? Transient	(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: DOA Prince Georges General Hospital	Street No. 1144 44th Pl., S.E.
Box 111mce deorges deneral hospital	(Ifrural, give LOCATION) World War I
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
James Conroy Adams	112 - 14 - 5068
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH OT 19 47, 21/00 PM
	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. I CENTIFY THAT DEATH OCCUPTED ON THE DATE ABOVE STATES, THAT I ATTEMBED DECEASED From
	and that Flast saw halive nn
7. Birth date of deceased (mo., day, yr.) Jan. 18, 1895	
8. AGE: Years Months Days If less than one day	
52 8 23hrs. min	
s. Birthpiace Ogdensburg, New York	Due to Tes cture of shull
(Town, county, and state)	
fo. Usual occupation Laborer	Bue to
1f. Industry or business Building business	Oue to
	Other conditions
12. Name Matthew Adams 13. Birthplace New York	
	(Include pregnancy within 3 months of death)
	Major findings of operations
fs. Birthplace New York	
16. Informant William A. Skeen	Autopsy results
1144 44th Pl., S.E., Wash., D.C.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
97 1 127: 0-4 1 19110	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bale fhereof. (month) (day) (year)	Accident, suicide, or homicide Centre Bale of O.
Cemetery or crematory It by anys	Where did lajury occur?
Carley Suna har Morte	Injured at home farm, Industry, public place (where leaveling 6000)
Location OF CO.	Means of Irong destreen strander or Car
18. Funeral director Times Was dust de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya del companya de la comp	Ment medically
Address by altsville, man	Jan Jan
11/12 117 Bank Agla Nesses	23. SIGNATURE
(Date rec'd by registrar)	Address thestured Date signed 10-/24



09266

1. PLACE OF DEATH:	Georget	3	2. USUAL RESIDENCE (HOM (For newborn infants give residence)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	STVELLE ity or town limits,	write RURAL and give nearest town)	Kenly		
How long in above place of death Hospital, Institution, or street as 8343 Leons	ddress where death	rs occurred:	Street No. Route #		
How long in hospital or instituti			(If rur	al, give LOCATION)	1
3. (a) FULL NAME	VII.			3. (b) Social Security 1	
	ie Fauc	ette Barnes			
		(a)Single, married, widowed, or divorced	MEDICA	L CERTIFICATION	
Female	White	Married	20. DATE OF DEATHOc.tob	er 29 1 47	2110.
8.(b) Name of husband or wifo	Richa	rd Barnes	21. I CERTIFY that death occurred on the		
7. Birth date of deceased (mo., day, yr.)	May 25,		and that I last saw halire, on	te congestive	
		days If less than one day	. min.		
	bh Caro	ina ty, and state)	Due to	lar renal dise	a3e
44 Industry or huckness	Own home		Nue to		
12. Name Ste	phen Day North Ca	ris irolina	Dther conditions		
# 14. Maiden name Fal		mson	Major findings of operations		
7-			II.	Date of op	
		lerson ,Forestville,		se to which death shoold he charged	statistically.
17. Burial, Communication, or rem		Date thereof. 10 - 30 - 4	22 VIOLENCE. If death was due to ext	ernal causes, fill in the following:	
Cemetery or crematory			Where did injury occur?(City or	town) (County)	
Location	enog	2 10 1 1	Means of Injury	place (where?)	
18. Funeral directo		Man Company	Deputy Media	-7 70	

Forestville, Md. Date signed 10/29/47



Ministration of the Control of the C

2411 N. Charles St., Baltimore



CERTIFICAT	TE OF DEATH Reg. Diat. No. 234
1. PLACE OF DEATH: GOUNTY. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rowborn is anta give regidence of mother) State
How long in above place of death? Hospital institution, or street address where death occurred: How long in hospital or institution?	(If outside city or town lipits, write (CURATION) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
HARRY BATTIST	TA S.(0) Social Security Manuscr
Male Phile Beugle	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 6 19 47 at 11:50 Pm
5, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr. 1111924 — 1947 8. AGE: Years Months Days If less than one day	Immediate cause all death Officers and Australian College
9. Birthplace Hashington DC.	Chistory 2 / week
10. Usual occupation	Due to
11. Industry or business 12. Name Dellista 13. Birthplace Mashuighn 14. Maiden name Theel Sculpius	Diher conditions (Include pregnancy within 3 months of death) Diher conditions (Include pregnancy within 3 months of death)
14. Maiden name the seriking of 15. Birthplace Pashinghy of.	Major findings nl operations. Date of op.
16. Informant 15400 5400 5400 5400 5400 5400 5400 540	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
17. (Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crametery The Country of	Where did Injury occur?
18. Funeral director 1. F. Costello	Means of Injury Injured at work?
Address 1722 - North Coupited of	23. SIGNATURE. John Hughlus M.D. or other
Date ree'd by registrar) 19.4) D. Bruskelline	Address Lawel Manyland Date signed 10/1/97



WRITE

PLEASE

A15 SN

MARGIN RESERVED FOR BINDING

rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09268 Reg. Diat. No. 239

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County Truce Feorges
City or town (II outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 6 Days	(If outside gifty or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where tooth occurred:	Washington Blod.
- Parrine Haspital	Street Ho. (If rural give LOCATION)
How long In hospital or Institution? 6 Days	2.(a) ti veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DAMUEL (ODGERS	DEALL
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W DINGLE	OCT. 24 10 47 17:30P.
	20. DATE OF DEATH 19. The state of the state
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(c) It alive, give ageyears	184 10 25 24 19
T. Birth date of O - 11/ 1000	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	
6 / / / min.	
BELTSVILLE Md.	Que la Sirtiscoccurotic
9. Birthplace	Colla de al esperator
10. Usual occupation HIGH WAY DEPARTMENT	
7:	Due to
11. Industry or business DIST. OF COL. GOV'T.	
12. Name GEORGE WASH'N BEALL	Other conditions / // MANAMANA MANAMANA
13. Birthplace BRANCHVILLE, Md.	
	(Include pregnancy within I months of death)
E 14. Maiden name / EBECCA FRANCES HALL	Major findings of operations.
15. Birtholace PRINCE GEO. Co., Md.	Dale of op.
Su-in Brain	Antopsy results. Same astatome
D . M./	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address BELTSVILLE, 1110.	22. VIOLENCE: tf death was due to external causes, till in the tollowing:
Burial, cremation, or removal, Which?) Dale thereot. (month) (day) (year)	
(Burial, cremation, or removal, Which?) - (month) (day) (year)	notice that the second
Cemetery or crematory JOHN'S EPISCOPAL CHARCH CEM.	Where did injury occur? (City or town) (County) (State)
location BELTSVILLE, Max	Injured at home, farm, igdustry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Cristian & Called	1/1/1/10 0 0
Address 505 WASHIN. BLVO. LAUREL, ANd.	X. M. Marian Mark.
AUTOST THE THORN. TO PUT ATTACK AT THE	23. SIGNATURE M. D. or other
10lt 25 1947 M. Braskear	Address AMMI Bate signed 10 12-4/47



WRITE

PLEASE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

CERT	IFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	Street No. Roger (If rurs)	County Co
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Rellie Bates	e Bisel	3. (b) Social Security Number
Jemale white married, widowed, or complete white married	MEDICA 2D. DATE OF DEATH	CERTIFICATION Shew31, 1947, 1618 P.
6.(b) Name of husband or wite Zeo Sisel 7. Birth date of Sistel 7. Birth date of Sistel Sistel 7. Birth date of Sistel Si	6-9	ate above stated; that I attended deceased from 19. 4.7., to
deceased (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Days If less than one day	acute Cordina	Pelstotion 10 min
9. Birthplace Whelling - west re	Due to Ag portion	cadio-
10. Usual occupation	Due to	
= 12. Name John Slowns	Dther conditions	
I 13. Birthplace west ora	(Include pregnancy with	thin 3 months of death)
14. Maiden name tenne me Kang	Major findings of operations	
Las Brillian		
16. Informant	PHYSICIAN: Ptease underline the cause	e to which death should he charged statistically.
Address Againstate That I transportation Date thereof Prof 2	22. VIOLENCE: If death was due to exten	
(Burial, cremation, or removal Which?) (month) (dr		
Cemetery or crematory	Where did injury occur?(City or	
Location	injured at home, farm, industry, public pl	
18. Funeral director	Means of injury	Injured at work?
Address Affallarelle Mk	23. SIGNATURE USBU	eyez lu D.
19 (Date rec'd by registrar) 1577 Janus Seite	Registrar Address Jut Ramin	M. D. or other Land Date signed 10-31.4

NOV 4 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92218/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cruck George	(For newborn infapts give residence of mother) State Mary And Daugiv Charles Glovelo
City or town	404
How long in above place of death? Jeans the state of the	(If outside city or town ilmits, write RURAL and give necessat town)
Hospital, institution, or streat address where death occurred:	Street No. 1107-53rd Cre
manlion the	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, namo wsr
3. (a) FULL NAME William Henry	3. (b) Social Security Number
4, Sex 5. Color or racs 8.(a)Single, merriod, widowed; or divorce	MEDICAL CERTIFICATION
male Calored Widowed	20. DATE DE DEATH October 20 1047 at 7 24 /
8.(b) Name of husband or wife Maggo Both	21. I CERTIFY that death occurred on the data above stated; that I ettended decessed from
8.(c) ff alive, give agsyss	19
7. Birth date of doceased (mo., day, yr.) worch 2. 1864	and that f last saw h
8. AGE: Years Months Days If less than one day	Hemorhou and shock
Bolton md	mula Crushed chart abdomen
(Town, egunty, and atety)	and below
16. Usual occupation. Ruled La Voies	Dus to
11. Industry or busings Retired	
E 12. Name ares of South	Other conditions
a 13. Birthplace	(include pregnancy within 3 months of death)
E 14. Maldon nams	Major fiedings of operations.
2 15. Birthpiscs Maryland	Date of op.
18. Informant Clino Fister	Autopsy results
The 07010 /m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 5/7 Meet M. V. Oshija	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Defe thereof	Accident, suicide, or homicidele edept. Bals of 10-20-4
Comptory or cramatory Henry Wasy Fineral	Where did injury occur (City or town) (County) (County)
Home MTal MC	Injured at jume, fagm, Industry, public place (where marchine Pale
Location Till Califo Some	Means of triute destreamtrule Gajures during
18. Funeral director.	Messet medical Erforme
Address Ay alsville. Ing	TO SIGNATURE DE COMPANION DE CO
Dato 21 117 Begande Wowney	M. D. order
(Date rec'd by registrar) Registra	at Address tolesland had Date signer De 20-4



COPY SENT TO LOGAL REGISTERS HO DATE 10 /31/4)

RECEIVED

OCT 24 1947

Prince learge's Co. Health Dept.
HYATISVILLE, MD.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corfers especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19271 2435-

Reg. Diat. No.	
1. PLACE OF DEATH: County City or town City or town limits, write RURAL and five nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospitai, institution, or street address where death occurred: Eugene Alana Memorial Augentum How tong in hospitat or institution? Samp	Street No. 40.2/ Claret Street No. 40.2/ Claret No. 40.2/
Dracke mv. Phillip a.	3. (b) Social Security Number
7. Set 5. Color or race 6. (a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH ACTION 14 1947 at 3 P. M
6.(b) Name of husband or wife 6.(c) If allve, give age years 7. Birth date of 7.77.4	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. 10. Let. 19. 47. and that I last saw h amalive on Decaler (4. 19. 47.
8. AGE: Years Months Days It iess than one day 68 7 1/	Immediate cause of death confirmed head failure DURATION / Day
9. Birthplace Washington D. C. 1D. Usuai occupation might Watchinson	Due to. Lynepho 16 Com alores 6 months +
11. Industry or business 12. Name. Clessust Vill Braske 13. Bighptace Washington PC.	Other conditions by by by by blovas 2 days (Include pregnancy within 3 months of death)
14. Maiden name. Margaret Justan. 15. Birthplace Magneland.	Major findings of operations. Date of op.
Address Burney	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which? (month) (day) (year) Cemetery or cremator:	Accident, sutcide, or homicide
18. Funeral director	Injured at home, farm, industry, public place (where?) Means of injury tnjured at work?
19. Och 4 1947 Jany Seven Registrar	23. SIGNATURE St. C. Cherks enlist, & M. F. or other Address 4404 Zueunburg Rd, Rovindol, Kalpate signed (0/14/47

OCT 17 1947

" " " 1 L. W. D.

00 17 1947

BUREAU P.

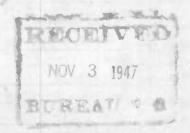
2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

09272 Reg. Diat. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County Prince Georges Co.	.	
City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town)	County Prince George's	
How long in above place of death?	City or town. Takona Park (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Raymond Floyd Brown	o. (v) booms becarry remove	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M. Col. Separated	20. DATE OF DEATH. 10. 30 19.47, 21. 8 R. M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 19. 7. 19. 7. 19. 7. 19. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 19. 7. 1	
deceased (mo., day, yr.)	Immediate cause of death Comments DURATION	
9. Birthplace	Due to Alle Conditions Diher conditions	
Handler name Rosa Berkley 15. 8 rthplace Virginia	(Include pregnancy within 8 months of death) Major findings of oppositions	
16. Informant. Catherine Parker	Autopsy results	
Address 6701 Poplar St. Removal (Burial, cremation, or removal. Which?) Cemetery or crematory Harmony Cemetery Cemetery	22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide	
Location Washington, C.	Injured at home, farm, industry, public place (where?)	
18. Funeral director.	Meens of injury Injured at work?	
1820-9 St. We Work of 18,00+3/ 1947 James Derry (Registrar)	23. SIGNATURE M. D. or other	



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19273 No. 23/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Prince George
City or town	N/b 5
How long in above place of death?	(If outside city of town limits, write Kolkall and give nestest wan)
Hospital, Institution, ocstreet address where death occurred:	Street No. 4 209 - Newark 100
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If yeleran, name war.
, 333,000,000	Brown 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while, married	20. DATE DF DEATH. Cet 7 19.47, 21 / 1.00 A.
50 John Grans Brown	21. I CERTIFY that death occurred on the date above stated; that I ettended deceeed from
6.(b) Name of husband or wife	10 10 10
7. Birth date of	and fhaf I last eaw halive on
deceased (mo., day, yr.) May 14, 1895	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Occlusion
5 2/hrsm	n
9. Birthplace Florida	Due to Cardio rascular / Cena
9. Birinpiace (Town, county, and etate)	dislar
10. Usual occupation	Oue fo
11. Industry or business	
12. Name	Dther conditions
	(include pregnancy within 8 months of death)
14. Malden name withing w	Major findings of operations.
14. Malden name luckuowi 15. Birthplace Flouda	
SA Jan and Brown	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Course March 10.1947	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
(Burial, cremation, or removal, Whych?) Date thereof. (day) Avear)	Accident, eulcide, or homicide
Cemelery or crematory arlangtor Cemelery	Where did injury occur? (City or town) (County) (State)
1 Ora	Injured at home, farm, Industry, public place (where?)
Location Dona	Means of injury injured at week
18. Funeral director	Leputy mederal comme
Address Syntherelle Ma!	23. SIGNATURE CONTRACTOR OF THE STATE OF THE
10/09 43 Amoula Wow	nac - TE A III.
(Date rge'd by registrar) (Date rge'd by registrar) Registr	Tar Address to colored her Date signed 0-8-4



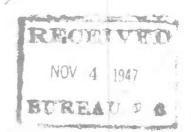
2411 N. Charles St., Baltimore

136

092743

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County Prince Georges				State Da Ca Couc		
City or town			land			
How long in above place of death?		City or town Washington (If outside city or town limits)	multo DIDAT and give nearest	town)		
How long in above place	e of death?	year y full	HOSCOUays	7722 Montage and As	With M. P.	00 W 11)
nuspital, institution, e	Glenn	Dale Say	natorium	Street No. 1122 Montello Ave., N. E.		
		7002 7	mos., 28 days		LOCATION,	
		year.	mosa, co days	2.(a) It veteran, name war		
3. (a) FULL NAM	IE D	BD	/		3. (b) Social Security Num	ber
	MUFUS	BROI	WN		579-07-6364	
4. Sex	5. Color or race	8.(a)Singla, mar	ried, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored	Marr	hed			a.10 1
			Loa	20, DATE OF DEATH OCTOBER		
8 (h) Name of husban	d or wite Anna	Brown		21. I CERTIFY that death occurred on the date about	ve stated; that I attended deceased	from (/ ¬
O'(O) HSms of Brings				2 - 27 10	76 to 10 - 26	2 10 7
7. Birth date of	•••		live, give ageyears	and that I last saw h	10 - 26	18.42
deceased (mo., day,	yr.) April	29, 191				DURATION
8. AGE: Yea	rs Months	Days i	tess than one day	Immediate cause of death	CULOSIS	2 4
32 3	2 5	27	hrs min,			g
8. Birthplace Edgefield, South Carolina (Town, county, and state)				Due to		
10. Usual occupation Porter, Union Station			Z.M.S.V.Z.VAL	Due to		
				Other conditions		
12. Name Eligah Brown 13. Birthplace Edgefield, South Carolina						
			Jul Ozziia	(Include pregnancy within 3 m	nonths of death)	
E 14. Maiden name DOTA MACRIE			***************************************	Major findings of operations		
Dora Machie 14. Maiden name Dora Machie Edgefield, South Carolina			h Carolina			
	Decease	d		Autopsy results		
16. Informant			***************************************	PHYSICIAN: Please underline the cause to wh	nich death should be charged stati	stically.
Address			, 1	22. VIOLENCE: If death was due to external cau		
17. Russial Date thereof 10/27/47. (Burial, cremation, or removal, Which?) (month) (day) (year)		Accident, suicide, or homicide				
(Burial, cremation, or removal. Which?) (monum) (day) (year)						
Cemetery or crematory		Whera did Injury occur?(City or town)		tate)		
location Washington DC.		Injured at home, farm, Industry, public place (wh	here?)			
John of Stewart Dr.		Msans of Injury	Injured at work?			
18. Funeral director.	gradult beat beat of	MC	Mil. Lo C	\bigcirc \bigcirc \bigcirc \bigcirc	P D.	- C
Address 70	IT ST C	1/1/	0 1 1000	23. SIGNATURE Lanel	80 Finucano	MX
19. Oct. 27 1947 Couleud S. Pluli (Date rec'd by registrat)		Address & lenn Dale	Md. Date signed	126/47		



POENSE WRITTE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	IE UF DEATH Rog. Dist. No.		
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)		
City or town	State De C.e. County		
How long in above place of death? 6. mos. 6. days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 6. mos. 6. days	City or town Washington (1f outside city or town limits, write RURAL and give nearest town) 1320 - 12th St., N. W. (If rural, give LOCATION) 2.(a) If vatoran, name war.		
BROWN, VICTORIA	3. (b) Social Security Number 578-16-0421		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Colored Widowed	20. DATE OF DEATH OCL 23 1947 31/2 40P		
*(b) Name of husband of wife Albert Brown, Deceased. Wlysses Welbourne, Common-law husband. 7. Birth date at the second s	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from upon 16 12 12 12 12 12 12 12 12 12 12 12 12 12		
deceased (mo., day, yr.) April 29, 1913 8. AGE: Years Months Days If less than one day	Immediata cause of death Superinters Superinters (4012 mg		
34 34 5 24 min.	(Islemman Justismen) July (3 mo-		
8. Birthplace Washington, D. C. (Town, county, and state) 19. Usual occupation Messenger, War Dept., Pentagon Bl	dg bue te		
11. Industry or business 12. Name Peter Ailer 13. Birthplace Fredericksburg, Virginia	Other conditions Lucs, Early latent		
Rosa Jackson 14. Maiden Rame Rosa Vincinia	(Include pregnancy within 8 months of death) Major findings of operations		
15. Birthplace Of alige, VIIgIIIIa	Pate of op.		
18 Informant Deceased	Antenay results		
Burial (Burial, cremation, or removal, Which?) Rate thereof Oct 26, 1947 (month) (day) (year) Femetery or crematory I smally Homestead	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)		
Location Orange Court House County, Va.	[Cità et tomo! (Serte) (Serte)		
18. Funeral director & E. Murray + son C HM.	Means of Injury foliated at work?		
Address 1337-10th St. M. Mash D.C.	23. SIGNATURE Daniel Leo Finiscano MD. Address Slenn Dale Md. Bate signed 10/23/47		
13. (Date rec'd by registrar)	Address Date signed / Ufdet / C.		

RECEIVED

NOV 4 1947

FT REAU F

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County June 1 City or Jown (If outside city or town limits) write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate	
How long In above place of death?	(If outside city or town limits, write RORAL and give ueurest town)	
Hospital, Institution, or street address where death occurred:	Street No. 8615 Plude Islad and	
4.55.45.45.45.45.45.45.45.45.45.45.45.45	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
4, Sex /5. Color of race 6.(a)Single, married, widewed, or divorced	577-12-3957	
	MEDICAL CERTIFICATION	
Weal while married	2D. DATE DF DEATH. Q Clutter 27 19 V7 at 41 OUP M	
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Och la 10,1947, 10 Och 27, 19 47	
7. Sirth date of	and that I last saw h Asia alive on Ochlas 27 19 47	
deceased (mo., day, yr.) March 1882		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
65- / - min.	Chine My reaction Since	
	The same	
9. Sirthplace (Town, county, and state)	Due to	

1D. Usual occupation	Due to	
11. Industry or business 9 W. K.		
12. Name Un krymm Li 13. Birthplace Unkrym	Dither conditions	
3. Birthplace		
5	(Include pregnancy within 8 months of death)	
E 14. Malden name.	Major fiudisgs of operations.	
15. Birthplace Lunum	Date of op.	
16, Informani Vrolo C Campbell	Autopsy results.	
11 0 00 10	PHYSICIAN: Please underline the cause to which death abould be charged statistically.	
Address 8615 Rlode I sland to we Beauty No.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide	
will me -1		
Cemetery or crematory	Where did injury occur?	
Location Was live glove D.	Injured at home, farm, industry, public place (where?)	
Th	Means of Injury Injured at work?	
16. Funeral director	Λ	
Address the allowille and.	11. (11) 4. 1/47	
action of Site	23. SIGNATURE M. D. op-others	
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Servers Well Bate signed 16/27/47	

RECEIT WO NOV 1 1947

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) Stale
liospilal, institution, or street address where death occurred:	Sireet No
3. (a) FULL NAME Saule On these Co	3. (b) Social Security Number
4. Sox 5. Color or race 8.(a) Single, married, widowed, or divorced Tempole White Marriel	MEDICAL CERTIFICATION 20. DATE OF DEATH. CELL. 8 30 AM
8,(b) Name of husband or wife. For Lace Challed	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from 22. 18. 4. 7. to 5. 4. 4. 19. 4. 7.
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Joinths Days If less than one day	and that I last saw h. Car. alive on
9. Birthplace. Fullwish Co. Vid., (Town, county, and state)	Due to Chistry- vouseulus disease: (8 years:
10. Usual occupation	Due to Diggestanson / O Galana
12. Name Washington Malkias 13. Birthplace M.S	Other conditions
14. Maiden name Callelani Syrial 15. Birthplace	Major findings of operations.
16. Informan MA Butha But Address accabilete mel	Autopsy results
17 (Burial, cremation, or removal, Which?) Date thereof	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory David Spanish Constitution Sanday Spanish Constitution Spanish Constitution of the C	Whara did injury occur?
Address 1)-11 05 St. S. F. Wosh, W.C.	Mesns of Injury Injured at work?
19. Oct. 8, 19. 47 Carrie F. Canfhell. (Date red by registrar) (Date red by registrar)	23. SIGNATURE M. D. or other Address An Plata Maryland Date signed 80 147

(white) mile there were Femile Will - Million -- Level allerte July 21-1874 Frederik Co Sind. RECEIVED OCT 10, 1947 BUREATION described med 511 11 25 2 1 1 1 1 1 1 C

2411 N. Charles St., Baltimore

63

CERTIFICA	TE OF DEATH Reg. Dist. No. 243
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city of town limits, write RURAL and give nearest town) Street No. 1 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Edward R. Chian	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced Male Thirty Married 8.(b) Name of husband or wife Lalys M. Ishus.	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) May 30, 1883	and that I last saw h alive on G 11 19.4.1
8. AGE: Years Months Days If less than one dayhrsmir	Impossible I moufficiency
9. Birthplace	Due to Charine Quicalas Filmblotion.
10. Usual occupation	Oue to Hyfer Kuprideri
12. Name Olly Street	Other conditions.
14. Maiden name Mary J. Murfsly	(Include pregnency within 3 months of death) Major fiedings of operations.
16. Informant Aladaya Character	Actopsy results
Address 48/6 Aledanaston ave. 17. Burea Date thereof Oct. 5. 947 (Buriol, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremajory Joch Creek Cantley	Where did injury occur?
18. Funeral director 1. The second of the se	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
Address 30fg-4th St. n. E.	23. SIGNATURE CLOSETZ LUCIO
19. Olde rog d by registrar) 19 4 7 Amounts Woods	1 4 11 600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly ARGIN RESERVED FOR BINDING

A15 SA ect age



SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore	11	173	
ERTIFICATE OF DEATH	W		

60	()	9279	
	No.		

1. PLACE OF DEATH:	2. USUAL-RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Co	- State County
City or town	120 tenned
How long in above place of death? June 17-47 to Get 12-4 Hospital, Institution or street and less where death occurred:	(If outside city or town-limits, write BUHAL and give perrest town)
Surel Gundarum	Street No. 4.3.3.4. (If rural, give LOCATION)
How long in hospital or institution? 3. Man from 2 Steel	2.(a) It veleran, name war
3. (4) FULL NAME	3.(b) Social Security Number
Lave Norus Cooper	
1. Sev 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male mule married	2D. DATE OF DEATH. Oct 122 197 al M
B, (b) More at husbard or will toral line Cooker	21. CERTIFY that death occurred on the date above stated; that attended deceased from
	June 17 19.47, 10 Oct 12 19.47
7. Birth date of	and that last saw h. LAX alive on OCHT2-4" 19
deceased (mo., day, yr.) 8. AGE: Years / Months Days If less than one day	Inmediair cause of death DURATION
8/9/ 3 / /hrg)min.	Martin Alder () Della colonia
Balting Mid	They carried pureline on the
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation. Juilder	Menuter & Month
11. Industry or buffgess	Due to ASCALLAND
E 12. Name Deorge W Covige	Other conditions.
12. Name Congle 10 Congle 13. Birthplace Salto Miss.	
14. Maiden name Llina Stroude	(Include pregnancy within 8 months of death)
14. Maiden name Eliza Stroude 15. Birthplace England.	Major findings of operations
10	- Date of op.
18. Informant Callynand To Copy Tally	Autopsy results
Address 1/5 5 4 Collecte &	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, gremation, or removal. Which?) (Burial, gremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or orematory Loudon Park	Where did injury occur?
Location Balto. Myl.	Injured at home, farm, industry, public place (where?)
William Cont Jaco	Means of Injury Injured at work?
18. Funeral director. M. C.	
Address 1217 St. Paul St.	23. SIGNATURE & ESSEL COURANT
19. (det 14 19 47 alw. Bedres	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME James Cleanst (4. Sex 5. Color or race \$5.(a) Single, married, wildowed, or divorced	Frouch 3. (b) Social Security Number
S.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47. to 0.47. 19.47. and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace	Immediate cause of death
10. Usual occupation. 11. Industry or business. 12. Name 13. Birthplace	Due to
14. Maiden name Dorothy Meller 15. Birthplace 18. Informant Dorothy Meller	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Clebelocic Andrew	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Location 18. Funeral director	Where did Injury occur?
Address 4 4 11, M. 6. 19. Oct. 2 19. 4 7 Edana f Sellaine Registrar	23. SIGNATURE Steet Blassey M. D

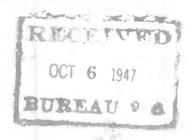


PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: County Prince George's Pr.Ceo. Cheverly (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?........6.8..da.y.s..... Hospilal, Instilution, or sireet address where death occurred: Street No. 4705 WOOdberry Rd. Pr.Geo.Gen'l (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Cusick.Mrs.Lucretia 5. Color or race 4. Sex MEDICAL CERTIFICATION 1947 11:45p 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6,(b) Name of husband or wife..... T. Birth date of Aug.6 . 1875 deceased (mo., day, yr.) 8. AGE: Years tt less than one day whoma. Coveroves cular Va. (Town, county, and state) Housewife 10. Usual occupation..... 11. Industry or business 12. Name...... 13. Birthplace Milton Houston Houton Va. (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace 14. Malden name Mary Tolson Major findings of operations. 16. Informant Mrs. Thelma Wright PHYSICIAN: Please underline the cause to which death should be charged statistically. 4705 Woodberry Rd. Riverdale 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0110

OZKIII ICA	Reg. Diat. No. 2. 4.3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or fown	State
How long in above place of death? 7 MOS 7 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 733 Deleware Avenue, S. W.
Glenn Dale Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? 7 MOS., 7 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HENRY Dic	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
Male Colored Single	MEDICAL CERTIFICATION
and office princip	20. DATE OF DEATH. P. 1947, 21 12 301
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I sttended disceased from
7. Birth date of years	1947, 10 Oct 19, 1847
7. Birth date of deceased (mo., day, yr.) April 24, 1903	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediata cause of death OURATION
44 44 5 25hrsmin.	Julinovary Julierculous 10 Mo
	- O
9. Birthplace Keline Co. (?) Virginia (Town, county, and state)	Oue to.
10. Usual occupationLaborer	
11, Industry or business	Grampheallous.
MI De about De 1	Fillerculous enterius 3 mo
	Districtions perilones presidents
3 13. Birthplace ? Virginia	(Include pregnancy within 3 months of death)
置 14. Maiden name Georgie Lomax	
14. Maiden name Georgie Lomax ? Virginia	Major findings of operations.
16. Informanf Deceased	Autopsy results
Address	PHYSICIAN: Please underline the eause to which death should be charged statistically.
0 0 0 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Byrial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whore did laiury occur?
to Washington DC	
Location 100	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jahr J. Khines & Co.	Masas of Injury Injured af work?
Address 904 - 3 20 5t. 5. W	(1) . 00 9).
A. 8 20 11512 0 1 100:0:	23. SIGNATURE & January 1, 20 + mucano MX
(Date rec'd by registrar)	Address & lean Dale Md. Dale signed 10/19/47
acgiotra:	nuuress

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

brrect age

OCT 28 1947

PLEASE-WRITE PLAINLY

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) Maryland County County Hyattsville Md. (If outside city or town limits, write RURAL and give nearest town) Streel No. 4308 Farragut St (If rural, give LOCATION) 2.(a) If veteran, name war
Charles Forrest Dickey	
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH UCT 18, 1947 19
6.(b) Name of husband or wife Bessie M. Dickey 6.(c) If alive, give age 58 years 7. Birth date of deceased (mo., day, yr.) August 27, 1872	21. I CERTIFY That death occurred on the date above stated; that I altended deceased from 19. 4 1 10 19. 4 7
8. AGE: Years Months Days If less than one day	Immedia cause of death with humbers fuller
9. Birthplace	Other condilions
Address Hyattsville Maryland. 17. Burial Date thereof Oct 21, 1947 (Burial cremation, or removal Which?) Cemetery or crematory Cedar hill Location Suitland Maryland 18. Funeral director Sasch's Sons Address Hyattsville Md. 19. Address Hyattsville Md. 19. Cot 20 19. Cot 21, 1947 (month) (day) (year) (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

CCT 21 1947

BUREAU V 8.

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Prince Georges

Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest
place of death? 7 mos., 21 days Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? ______7 mos. ___21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Washington (If outside city or town limits, write RURAL and give nearest town) 3010 Mass. Ave., S. E. (If rural, give LOCATION)

3. (a) FULL NAME

4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married Wendall O. Duckworth 6.(c) Il alive, give age 26 7. Birth date of July 23, 1926 deceased (mo., day, yr.) Years Months If less than one day 8. AGE: 21 9 21 Washington, D. C. (Town, county, and atate) Housewife 1D. Usual occupation..... 11. Industry or business Frank M. Hodge 12. Name Raleigh, North Carolina 13. Birthplace Miranda E. Allen 14. Malden na 15. Birthplace 14. Malden name..... Washington, D. C. Deceased

2.(a) II veteran, name war		
RTH	3. (b) Social Securit	y Number
MEDICAL	CERTIFICATION	
20. DATE OF DEATH	oct 2 1.4	7 .12:10
21. I CERTIFY that death occurred on the date FEO	above stated; that I attended do	2 194
PULMONARY TUB		
Due to		1
Due to	***************************************	
Other conditions		
(Include pregnuncy within	8 months of death)	
Major findings of operations		
	Date of op	
Autopsy results		
PHYSICIAN: Please underline the cause to	which death should be charge	ed statistically.
22. VIOLENCE: Il death was due to external	causes, fill in the tollowing;	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or tow		(State)
njured at home, farm, Industry, public place	(where?)	
Means of Injury	Injured at work?	

MARGIN WRITE

carefull

information of death cle

item of i

FOR BINDING

RESERVED

RECEIVED

OCT 10 1947

THE RESERVE OF THE PARTY OF THE

CONEAU P &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County		Street No. 6115 Bass Str	ts ta, write RURAL and give no eet eLOCATION)			
3. (a) FULL NA	ME		- I I I I I I I I I I I I I I I I I I I		3. (b) Social Security	Number
	CHAI	RLES	WESLEY EAGEN		none	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	white		married	2D. DATE DF DEATH. October	28 1947	4: A.
7. Birth date of) It alive, give age 70 year	21. I CERTIFY that death occurred on the date ab	40 10 Oct 2	-8 1947
8. AGE: Ye	ears Months	Days / 9	If less than one day	Immediate cause of death		
10. Usual occupatio	Washington Retirement U.S. No Peter Ea N.Y. Ci	ed avy Y	ard	Due to		4
14. Maiden nam		Ra:	y D.C.	(Include pregnancy within 8		
16. Informant	Ars Grace 6115 Bas			Autopsy results	vhich death should be charge	d statistically.
17. Bur	ial	Date there	cot 30 47 (month) (day) (year) 1 Cemetery	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	
Location	Suitland, $Q. M/A$	Md.	m Dees Sons	Injured at home, farm, Industry, public place (v Msans of Injury	where?)	
Address 30	00 - 4th	, St.	N.E. Washingt	23. SIGNATURE.) I, B M, D M, D M, D	10-28-4

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

SA

MARGIN RESERVED FOR BINDING



Company of the second of the second

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sis especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09286

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maruland County Grine Georges
(If outside city or town limits, write kURAL and give nearest town)	
How long in above place of death? Think mouths	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1307 - 24 - 0000
1307 52° Duet	(If roral, give LOCATION)
How long In hospital or Institution?	2.(u) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas Willie Eugene	6 vaus
4. Ssx 5. Color or race 6.(a) Single, msrried, widowed, or diversed	MEDICAL CERTIFICATION
Male Hegro Married	20. DATE DE DEATH October 4, 1947 at 9 - P. M
almosta Evans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hams of hydraud or wife	Tue 1946, 10 Oct, 4, 1947
7. Birth date of 7. 12 1901	and that I last say h immalive on Oct. 3
deceased (mo., day, yr.)	Immediate canse 6) death
8. AGE: Years Months Days If less than one day	Cerebral Hemorthage
43 9hrsmin.	
9. Birtholace Carbon Hill, ala.	Due to Thypertensive Cardio-
(Town, county, and state)	Hascilar Durane
10. Usual occupation. Have	Due to
11. Industry or business	:
12. Hame Thomas Evous	Other conditions
13. Birthplace Union Springs, ala.	(Include pregnancy within 3 months of death)
Sorry Lee Bladley	
14. Malden name Jerry Lee Bladley. 15. Birthplace Kennely, ala.	Major findings of operations.
El 15. Birthplace	Date of op.
18. Informant Miss gray to Gooding	Autopsy results
Address 13072 52nl St.	
17 Removal Date thereof Oct. 4-47	22. VIOLENCE: ti death was due to external causes, till in the following:
(Burlsl, cremation, or removul. Which?) (month) (dny) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Jessie Washington D. C.	Injured at home, farm, industry, public place (where?)
Mineral W. Linia Lon	Msons of Injury Injured at work?
18. Funeral director was the start man.	- 1/1/1/1 1 m
Address 1225-11th struk mill,	23. SIDNATURE O LINE O LINES M. D. or other
19. Oct. 4 1947 Larry F, Campbel	sederes lab / Eastern ano- Me Date signed 10/4/47



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Count Annel Toring It	State Maryland, County Prince Steary
City or town Alf outside city or town lights, write RURAL and give nearest town)	to and the dead to Tues
How long in above place of death?	City or town
Hospilal, Institution, or street address where leath occurred:	Street No. 306 - 6/2 LC -
	(If rural, giva LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
magdalena-tankhausex.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 25
Four W wedowed	20. DATE DE DEATH OCT 20 19.47, at 10 P. M
s (b) Name of husband or wife Oatt Inied Fankhauser Sr	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(0) Name of massame of whomas	02+ 10 1947, 1000120 1947
7. Birth date of	and that I last eaw h. R.M. alive on Och Zo 19.14.2
deceased (mo., day, yr.) Ally / 1003	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	coronary Turnebous 4hes
84 min.	
9. Birthpiace Livitzerland	Que to Deveral arlesio -
(Town, county, and state)	= Colerous Unliner
10. Usual occupation The second	Duo to
11. Industry or business at the rule	
12. Hame Zurkeworon f Henrie	Dther conditions.
12. Name Zurkerowy forterland	
	(Include pregnancy within 8 months of death)
14. Malden name Zantarra	Major findings of operations.
El 15. Birthplace further land	Date of op.
16. Informant Louis & Lough	Autopsy results
Address 306-6/St Capelot Height Mid	
Busial. Ort. 7.3-194	Accident suicide or homicide
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, service, or non-real
Cemelery or crematory Loype State	Where did injury occur?
Location Washington, or	Injured at home, farm, industry, public place (where?)
116. 116 Plantiers Ch.	Means of Injury Injured at work?
18. Funeral director	C al
Address Off Man St. E.	23. SIGNATURE Faul C Van Malto
Get. 21 , 47 Carrie F. Cambbell	M. D. os other
(Date rec'd by registrar)	Address C. C. Sturry G. Low 9 to Date signed Co. 17



The I was a work

CERTIFICATE OF DEATH

Reg. Diat. No. 242

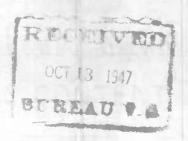
1. PLACE OF DEATH PINCE GEORGE County 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. PAINCE. FEB. (Founty	//
AA - min 12 12 m / 1 1 / 12 m / 1 / 12 m / 12 m / 13 m / 14 m / 1	/ /
	0
City or town	6
How long is show place of death? (If outside city or town limits, write RURAL	and give nearest town)
Hospital, Institution, or street address where death occurred:	
(If rural, give LOCATION)	
How long in hospital or institution?	
3. (a) FULL NAME 3. (b) Social	al Security Number
ELLEN. LOUISE. GIBSON	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICAT	TION
FIFMALE WHITE MARRIED 20 DATE DE DEATH OUT ?	.41 2 P.
TATION STATE OF THE STATE OF TH	19/11/2009 11 10/11/2009
8.(b) Name of husband or wife 1904 M. 61880 h. 21. I CERTIFY that death occurred on the date above stated: that for	t. 5. 19. 47
11.0011 10	
7. Birth date of and that I ast saw it. alive on alive of alive on	18
deceased (mo., day, yr.) MARCH 28 2 1928 Immediate cause of death Pulmonary tbc.	DURATION
8. AGE: Years Months Days If less than one day	l yr.
24min.	
MASHINGTON D.C. Due to	
9. Birthplace	
HOUSE WIFE.	
11. Industry or business	***************************************
12. Name. HERMAN. BALDERSON. Biher conditions. 13. Birthplace. VA.	
13. Birthplace (Include pregnancy within 3 months of death)	
Major findings of operations.	
16. Informant M.P. ROY M. G. BSON Anterpres results.	3.1 3 3 4 2 2 N
1503 Character of the Physician: Please underline the cause to which death should	
Address 63 0 0 00000 SA 200000 22. VIOLENCE: If death was due to external causes, fill in the fo	ollowing;
(Burfal, cremation, or removal. Which?)	Date ot
A Missaul All Matthe ald Injury occur?	
Location Allington 1004 Injured at home, farm, industry, public place (where?)	***************************************
Meens of Injury	d at work?
18. Funeral director	Voe her
Address 5/7 / 4 St St. Ei	they was
12 12 23. SIGNATURE	M. D. or other
(Oste registrar) (Oste registrar) Registrar Address. /252 auto Fed	Date signed / 0 - 7-4/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

correct age



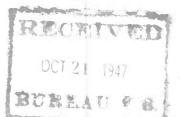
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

19283 Reg. Dist. No. 243

County			
Size (If outside city or cont minus, write SURAL And give nearest town) Size (If outside city or cont minus, write SURAL And give nearest town) Size (If outside city or cont minus, write SURAL And give nearest town) Size (If outside city or cont minus, write SURAL and give nearest town) Size (If outside city or town invitation or size of a state and size and size of the s	1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Roy for in an (if cuttied city or town limits, write RURAL and give nearest town) Roy for ing in above place of dealer. Glenn, Dale, Sanatorium More for in baspital or sitted address where death occured: Glenn, Dale, Sanatorium More for in baspital or institution? 1		State D. C. County	
Street No. 1018 D. St.a.g. N. E.	(If outside city or town timits, write RURAL and give nearest tow		
Street No. 1018 D. St. o. N. E.	How long In above place of death? 4 mos., 14 days	(If outside city or town limits, write RURAL and give nearest town)	
Giern Dale Sanatorium Row long in hospital or institution? 1 1508 y 14 days 2 (a) It reteran, name war 3. (b) Social Security Number 577-28-79314 4. Set 5. Color or race Male White Married 6. (c) Single, married, widowed, or divorced Male White Married 6. (d) Hame of husband or wite Daphne E. Goulding 8. (c) It aller, give age 18. AGE: Year 18. AGE: Year May 27, 1893 8. AGE: Year Months 51 51 14 15	Hospital, Institution, or street address where death occurred:	Street No. 1018 D. St., N. E.	
3. (a) FULL NAME MURLL GOULDING See 5. Dolor or race Male White Married 8. (a) Single, married, widowed, or divorced Male White Married 8. (b) Name of husband or wite Daphine E. Goulding S. (c) Haller, give sge St. years deceased (mo. day, yr.) May 27, 1893 8. AGE: Tears Menths Days If less than one day St. blue of husband or wite Detroit, Michigan (Rown, count), and state) Gashier Due to 11. Industry or business 12. Name Sam Goulding 13. Birthplace Waterford, Virginia 14. Maiden name Florence Beane Waterford, Virginia 15. Birthplace Waterford, Virginia Deceased Antepy results. PHYSICIAN: Please underline the canoe to which death should be charged statistically. Antepy results. PHYSICIAN: Please underline the canoe to which death should be charged statistically. Major faddings of persions. Waterford, Virginia 16. Informant Deceased Antepy results. PHYSICIAN: Please underline the canoe to which death should be charged statistically. Antepy results. PHYSICIAN: Please underline the canoe to which death should be charged statistically. Cemetery or generation, or genowyl. Which?) Cemetery or generation, or genowyl. Which? Deceased PRINCE GEORGE COUNTY Mayor faddings, or longitude, or hamicked, or hamicked. Major faddings, or longitude, or hamicked. Major faddings, or longitude, or hamicked. Major faddings, or longitude, or hamicked. Where did injury occur? (City or town) (County) (State) Injured at work?	Glenn Dale Sanatorium	(If rural, give LOCATION)	
4. Sex S. Celer or race S. (a) Single, married, widowed, or divorced Male White Married 6. (b) Name of husband or wite Daphne E. Goulding 5. (c) Halter, give age 514 years 6. (e) Same of husband or wite Daphne E. Goulding 6. (b) Name of husband or wite Daphne E. Goulding 7. (a) Date of DEATH October 13 14 14 15 8. AGE: Years Months Days Hess than one day 514 514 15	How long in hospital or institution?	2.(a) It veteran, name war	
4. Sez S. Color or race S. (a) Single, married, widowed, or divorced Male White Married 5. (b) Name of husband or wife Daphine E. Goulding 5. (c) Halle, give age St. years St. Years Months Days If less than one day 5t. 5t. 5t. 4t. 15 Michigan Town, county, and state) Cashier 10. Usual occupation Cashier 11. Industry or business 12. Name Sam Goulding 13. Birthplace London, England 14. Maiden name Florence Beane 15. Birthplace Waterford, Virginia 16. Informant Deceased Address 17. (Burial, cremation, or removed, Which?) 18. Informant Deceased Address 17. (Burial, cremation, or removed, Which?) 18. Informant Deceased Address 17. (Burial, cremation, or removed, Which?) 18. Informant Deceased Address 19. (Control of the date above stated; that I attended deceased from 19. (Include pregnancy within 3 months of death) Major findings of operations 19. (Control of the case to which death should be charged statistically. 20. Date of pleath. October 19. (Control of the case to which death should be charged statistically. 19. (Include pregnancy within 3 months of death) Major findings of operations Major findings of operations 21. (Include pregnancy within 3 months of death) Major findings of operations Major findings of operations Major findings of operations 22. VIOLENCE: It death was due to external causes, fill in the following: Active of the condition Active of the condition Major findings of operations Major find	3. (a) FULL NAME	3. (b) Social Security Number	
Male White Married 5.(b) Name of husband or wite Daphine E. Goulding 5.(c) Halive, give age 514 years deceased (no. 697, yr.) May 27, 1893 8. AGE: Years Months Days Hiles than one day 514 514 14 15 hrs. min. 9. Birthplace Detroit, Michigan (Town, county, and state) Cashier 10. Usual occupation. Cashier 11. Industry or business 12. Name. Salm. Goulding. 13. Birthplace London, England 14. Maiden name. Florence Beane. 15. Birthplace Waterford, Virginia 16. Informant. Deceased Address 17. Burl AL (Burla, cremation, or removal, Which!) Date thereof your county of the fair was due to esternal causes, fill in the following: Recident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at work?	MURLL GOULDII	NG 577-28-7934	
8.(6) Name of husband or wite Daphine E. Goulding 1. Birth date of deceased (mo. day, yr.) May 27, 1893 2. AGE: Years Months Days If less than one day 54. 54. 54. 4 15 mrs. min. 9. Birthplace Detroit, Michigan (Town, county, and state) Cashier 10. Usual occupation. Cashier 11. Industry or business 12. Name. Sam Goulding 13. Birthplace London, England 14. Maiden name Florence Beane 15. Birthplace Waterford, Virginia 16. Informant Deceased Address 17. (Burial, cremation, or compan, Which?) Cemetery or generality, Wasterford (County) Date thereot. 10. 13. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
5.(c) It alive, give age 54 7. Birth date of deceased (mo. day, yr.) May 27, 1893 8. AGE: Years Months Days If less than one day 54 54 14 15hrs. min. 9. Birthplace Detroit, Michigan (Town, county, and state) Cashier 10. Usual occupation Cashier 11. Industry or business 11. Birthplace London, England 12. Name Sam Goulding 13. Birthplace London, England 14. Maiden name Florence Beane 15. Birthplace Waterford, Virginia 16. Intormant Deceased Address 17. Burthplace Waterford, Virginia 18. Alopsy results Please underline the cause to which death should be charged statistically. 27. Alopsy results Please underline the cause to which death should be charged statistically. 28. Alopsy results Please underline the cause to which death should be charged statistically. 29. Cometery or general County or removal Wider? Cometery or general County or removal Wider? Commetery or general County or removal Wider? Mages of injury injured at home, farm, industry, public place (where?) Mages of injury injured at work?	Male White Married	20. DATE OF DEATH OCTOBER 12 19 47 .1 6:25A	
1. Birth date of deceased (mo., day, yr.) May 27, 1893 8. AGE: Years Months Days If less than one day 54, 54, 54, 4, 15	6.(b) Name of husband or wite Daphne E. Goulding	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
Immediate cause of death Duration Dura		19.7	
State of the state	7. Birth date of 1/103r 27 7 802	and that I last eaw h	
9. Birthplace Detroit, Michigan (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name Sam. Goulding 13. Birthplace London, England 14. Maiden name Florence Beane 15. Birthplace Waterford, Virginia 16. Informant Deceased Address 17. Oate thereot 10. 3 47 (Burial, cremation, or comoval, Which?) Cemetery or comoval, Which?) Cemetery or comoval, Which?) Cemetery or comoval, Which?) Cemetery or comoval, Which?) Comotth (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	accessed (mort destriction	Immediate cause of death	
9. Birthplace. Detroit, Michigan (Town, county, and state) Cashier 10. Usual occupation. 11. Industry or business 12. Name. Sam Goulding. 13. Birthplace London, England (Include pregnancy within 3 months of death) 14. Maiden name. Florence Beane. 15. Birthplace Waterford, Virginia 16. Informant. Deceased Address 17. Durial Cemetery or country, and state) Cemetery or country, and state) Country Massimum death was due to external causes, till in the following: Accident, sulcide, or homicide. 16. Usual occupation. 17. Durial Cemetery or country Massimum death was due to external causes, till in the following: Accident, sulcide, or homicide. 18. Durial Cemetery or country Massimum death was due to external causes, till in the following: Accident, sulcide, or homicide. 19. Country Massimum death was due to external causes, till in the following: Accident, sulcide, or homicide. 19. Country Massimum death was due to external causes, till in the following: Accident, sulcide, or homicide. 19. Country occur? 19. City or town) (Country) (State) Injured at home, farm, industry, public place (where?)	o. AGE.	TUL MONARY I UBERCULOSIS 10 MA	
11. Industry or business 12. Name	54 54 4 15hrs.	min.	
11. Industry or business 12. Name	· Rightalace Detroit, Michigan	Due to.	
11. Industry or business 12. Name			
12. Name	1D. Usual occupation	Pun to	
12. Name	11 Industry or business	DUG 10	
13. Birthplace London, England 14. Malden name Florence Beane 15. Birthplace Waterford, Virginia 16. Informant Deceased 17. BURIAL (Burial, cremation, or removal, Which?) Cemetery or common Washington National Location PRINCE GEORGE COUNTY Male Location Prince George Management of Injury Injured at work?		Phas conditions	
14. Malden name Florence Beane Major findings of operations Date of op.	El Company		
Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide		(Include pregnancy within 3 months of death)	
Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	E 14. Maiden name Florence Beane	Major findings of operations.	
Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	18. Birthplace Waterford, Virginia		
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, sulcide, or homicide		Antoney results	
17. BURIAL 18. (Burial, cremation, or removal, Which?) 19. (Cemetery or company) 19. (County) 19. (County) 19. (City or town) 19. (City or town) 19. (County) 19.			
Location PRINCEGEORGE COUNTY, Md Injured at home, farm, Industry, public place (where?)	Address	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
Location PRINCEGEORGE COUNTY, Md. Injured at home, farm, Industry, public place (where?)	17 BURIAL Cate thereot 10 13 Y	Accident, suicide, or homicide	
Location PRINCEGEORGE COUNTY, Md. Injured at home, farm, Industry, public place (where?)	(Burial, cremation, or removal, Which?) (Barial, cremation, or removal, Which?)	Where did Injury negur?	
Means of Injury Injured at work?	Cemetery or crowdfory	(City or town) (County) (State)	
Means of Injury Injured at work?	Location PRINCEGEORGE COUNTY	11 Injured at home, farm, Industry, public place (where?)	
18. Funeral director	11/41/0V. less Pa		
	18. Funeral director	D:00 1.	
Address 3/1-/th St. S. C. 23. SIGNATURE & Janel Leo Finicane MD	Address 5/1/-// th. St. S. C.	33 SIGNATURE X Janel LED Finicano MD	
10 Oct 12, 1947 Rowland & Philips & & D. D. or other	10 Oct. 12, 1947 / Yowland of 1-1	helips 40 (1) 00 ms M. D. or other	



water that the same of

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

136

09290

CERTIFICATE OF DEATH

Reg. Diat. No. 243

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State D. C. Couoty	
City or lown. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 8 mos., 15 days	City or town. Washington (If outside city or town limits, write RURAL and give nesrest town)	
Hospital, Institution, or street address where death occurred:	Street No. 37 R. St., N. W.	
Glenn Dale Sanatorium How long in hospital or institution? 8 mos., 15 days	(If rural, give LOCATION)	
	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
JAMES, GRAHAM	242-03-4100	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Separated	20. DATE DE DEATH October 2rea 19 42 21 6 P	
6.(b) Name of husband or wife Gracie Lee	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from	
	Jany 16th 1847, 10 Oct 2 nd 1947	
7. Birth date of deceased (mo., day, yr.) March 30, 1916	and that I last saw Jullative on Oct 2 nd 18 4 4	
8. AGE: Years Months Days If less than one day	Immadiate cause of death OURATION	
31 31 6 2hrsmin.	(Island Ore Ollegen Con - 17 min)	
Maiden, North Camlina		
9. Birthplace Maiden, North Carolina (Town, county, and state)	Due 10	
10. Usual occupation Freight Work		
1t. industry or business	Due to	
單 12 Name Henry Graham		
13. Birtholace ?	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Filen Brooks (Graham) 15. Birthplace ?	Major findings of operations	
15. Birthplace ?	Date of on.	
16. Informant Deceased	Actopsy results.	
	PHYSICIAN: Please enderline the cause to which death should be charged statistically.	
Address O O O O O O O	22. VIOLENCE: If death was due to external causes, till in the following:	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory		
t. 111 - deu 71 C	Where did injury occur?	
Location w / Carret	Injured al home, farm, industry, public place (where?)	
18. Funeral director Famus and auto	Msans of injury Injured at work?	
Address 0,42 wotill St. Ball	and Dige D.	
O + D UT P O O P DO, O+ 23. SIGNATURE & Lancel Leo + micano M)		
(Date rec'd by registrar)	Address & lan Dale Md Bate signed 10/2/47	
Avegioti di /	Address Date signed 0 2 47	

OCT 10 1947

Y . 7.

BUREAU O &

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

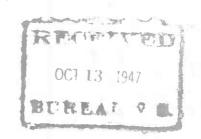
46 2

09291

CERTIFICATE OF DEATH

og. Dist. No. 231

7. Birth date of deceased (mo. day, m.) 2 8 18 82 8. AGE: Years Months Days If less than one day 8. Sirthplace		
City or twen CATRELEGE Light rown limites, write RURAL and give nearest town) The working in above place of death? The property of the prope		(For newborn infants give residence of mother)
Bow long in above place of deather. Control of the place of death occurred: Control of the place of the place of death occurred: Control of the place of t		2:07
Rev long in heapstal or institution? JO G. G. G. Security Number 3. (G) FULL NAME 3. (G) FULL NAME 3. (G) Social Security Number 4. Set 4. Set 5. Defer for rece 6. (G) Single, narried, widewed, or diverced 8. (G) Kame of hurband or wife. 8. (G) Haire, give age 7. Buth date of deceased (mm. day, yr.) 2. F 18 8.2 4. Set 7. Buth date of deceased (mm. day, yr.) 8. AGE: Tear Menths 8. Girthplace 7. Buth date of deceased (mm. day, yr.) 8. Girthplace 8. Girthplace 9. Due to 11. Indicatory or hurbands 12. Hame Late 13. Birthplace 14. Maiden name Care of Jay N 15. Birthplace 16. Tear of death 17. Buth date name Care of Jay N 18. Journal occupation. 18. Maiden name Care of Jay N 19. Due to 19. Due to 19. Due to death 19. Due	How long in above place of death?	(If outside city or town limite, write RURAL and give nearest town)
Rev long in hespital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Set 5. Deference 6. (c) Single. narried, widowed, or diverced MEDICAL CERTIFICATION MEDICAL CERTIFICATION 8. (b) Name of hurbband or wife. 8. (c) It alive, give ages 8. (c) It alive, give ages 8. AGE: Tears Menthe 19. 10		Street No. R 7 D
3. (a) FULL NAME 4. Sex	PRINCE GEORGE HOSPITAL	(If rural, give LOCATION)
4. Set S. Coffer for race S. Coffer for race S. Collingia, married, widowed, or diversed MEDICAL CERTIFICATION 20. DATE DF DEATH	The state of the s	2.(a) If veteran, name war
8. (b) Name of hurband or wife 8. (c) It alire, give age 9. Both base of deceased (mo. day, yr.) 10. Both base of deceased (mo. day, yr.) 11. Industry or business 12. Rame. Add.	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of hurband or wife 8. (c) It alire, give age 9. Both base of deceased (mo. day, yr.) 10. Both base of deceased (mo. day, yr.) 11. Industry or business 12. Rame. Add.	Harding Mr Charles H.	
8.(6) Name of husband or wife 7. Burth date of deceased (mo., day, yr.) 8. AGE: Tears Months Days If less than one day If less	4. Sex 5. Cofor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth date of deceased (ma. day, yi) 2 8 / 882 8. AGE: Yeare Monthe Days If lees than one day 9. Birthplace M. T. Birth date of deceased (ma. day, yi) 2 8 / 882 10. Usual occupation. M. C. M. M. M. C. M. C. M. M. D. or other M. M. D. or oth	Male white Single	20. DATE DE DEATH 10 - 8 - 4 7 19 8: 10 A
7. Birth date of deceased (mo. day, yr.) 2 8 / 8 8 2 8. AGE: Tears Months Days If less than one day S. AGE: Tears Months Days If less than one day 10. Usual occupation	& (b) Name of husband or wife	
18. Birthplace (mo. day, yr.) 2 \$ / 882 8. AGE: Veare Monthe Days If less than one day 19. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace M. 14. Maiden name. 15. Birthplace M. 16. Informant. 17. Birthplace M. 18. Funeral directory 19. Usual occupation. 19. Usual occupation. 10. Usual occupation. 11. Maiden name. 12. Name. 13. Birthplace M. 14. Maiden name. 15. Birthplace M. 16. Informant. 17. Burnell 18. Funeral directory 19. Maiden name. 19. Maiden name. 19. Maiden name. 10. Usual occupation. 10. Usual occupation. 11. Burnell 12. VIOLENCE: If death was due to external causes, fill in the following; 11. Burnell 12. VIOLENCE: If death was due to external causes, fill in the following; 11. Burnell 12. VIOLENCE: If death was due to external causes, fill in the following; 11. Burnell 12. VIOLENCE: If death was due to external causes, fill in the following; 12. VIOLENCE: If death was due to external causes, fill in the following; 18. Funeral directory 19. Maidens and thal I least saw h. A.		39-5-8 19 to 10-8 19-47
8. AGE: Teare Monthe Days If lees than one day 8. Sirihplace Monthe Days If lees than one day 9. Sirihplace Monthe Days If lees than one day 10. Usual occupation Due to Due t	7. Birth date of	and that I fact saw h. L. M. alive on
5. Girthplace		Immediate cause of death Can and DURATION
5. Sirhplace	6. AGD.	Clour 3 mos
11. Inductry or businese 12. Name	63	
Due to	9. Sirinplace (Town, eounty, and state)	Due to
11. Industry or business Major findings of operations Date of op. Antopsy results.		
12. Name		
(Include pregnancy within 3 months of death) 14. Maiden name. Ca Roly Sold Reserved	E 12. Name William Fulton	
14. Maiden name 15. Birthplace 16. Informant 17. Address 17. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director 18. Funeral director 18. Funeral director 19. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director 18. Funeral director 18. Funeral director 19. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 24. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director 19. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 25. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director 19. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 26. County occur? (City or town) (County) (State) 19. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 26. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 27. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (County) (State) Manton of Injured at work? Manton of Injured at work?	4	(Include pregnancy within 3 months of death)
Antopsy results Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Cemetery or crewatory Location The County County County The Count		
Address Falfox, Date thereof (month) (day) (year) Cemetery or crewatory (City or town) Location (State) 18. Funeral director (Masses So So Fash (Masses Masses Masses (Masses (Masses Masses (Masses (The straight of the straight o	Date of op. 10/4/97
Address Fax, Burial cremation, or removal. Which? Bate thereof	18. Informant Eltrel Judy - Sister	
(Burial, cremation, or removal, Which) Cemetery or crematory Location 18. Funeral director Address 50 5 Prash. Blvd. Farrell, Mg. Coch & Location 18. Funeral director Address 50 5 Prash. Blvd. Farrell, Mg. Coch & Location 23. SIGNATURE 23. SIGNATURE Meane of Injury M. D. or other	0 10 1811	
Location St. Cauth Ceguety 18. Funeral director Strain Strain Farrel, M. J. Address 50 5 Drash Blvd. Farrel, M. J. 23. SIGNATURE Deval A M. D. or other	(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	
18. Funeral director Strain Strailles Address 505 Drash Blvd. Farrel, M 23. SIGNATURE Drash W. D. or other	Cemetery or cregatory Fulton and	Where did Injury occur?
Address 505 Wash- Block Farrel, Mg. 23. SIGNATURE Double W. M. D. or other M. D. or other	Location Strauge Ceputs	Injured at home, farm, industry, public place (where?)
COCK & M. D. or other	18. Funeral director Chromus Stallers	Meane of Injury Injured at work?
Coch & 47 Contract Solder	565 May Read Land Mid	22 SIGNATURE Quald a My Solel m D
(Data rec'd by registrar) Registrar Address HO Registrar	19 Oct 8 (Data rec'd by registrar) (Data rec'd by registrar) (Registrar	Address 7 46 K St YW While De Bote signed 10/8/4



2411 N. Charles St., Baltimore

09292

CERTIFICA	ATE OF DEATH Reg. Dist. No. 239
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mary Land County Gity or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wile Adva M Harma 6.(c) II alive, give age 5.9ye 7. Birth date of Section 1887	21. I CERTIFY that death occurred on the date above stated: that I attended degrees of the last saw has a large on
8. AGE: Years Months Days tf less than one day 2 9hrs	Immediair cause of death DURA / N
9. Birthplace	Due to
12. Name Dérius Harman 13. Birtholace Bowie Md	Dither conditions
14. Maiden name Rachel Meary 15. Birthplace Bowie Ind.	Major findings of operations
16. Informant mrs Edua m Harman Address Bowie md	PHYSICIAN: Please underline the eause to which death should be charged statistically.
17	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Paloxelt, marylan	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director. De Will Donaldon	Msans of injury Injured at work? 23. SIGNATURE. Msans of injury Injured at work?
19 Och 18 1947 M. Braskias (Date rec'd by registrar) Registr	M. D. or other

MARGIN RESERVED FOR BINDING

OCT 22 1947

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Pilice Slorges	State maryland County Prince Georgia
(If outside city or town limits, write RURAL and give nearest town)	P() . * una o al
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
hospital, institution, of street address where death occurred.	Street No. 3707 Daylor Sh.
Feland memorial Hospital -	(If rura give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
miss Sadia Nackell	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
lemale while single.	20. DATE OF DEATH OCTOBER 5 18 47 at 4 - A. M
	21. I CERTIEX that death occurred on the date above stated; that patiently deceased from
6.(b) Name of husband or wite	5 EPT. 10 1847 10 Oct. 5 1841
7. Birth date of G. (c) If allve, give age	and that I last saw h & R alive on October 4 19 47
deceased (mo., day, yr.) Hence 26, 186 9	Immediate cause of death DURATION
20 2	CEREBRAL HEMDRRHAGE 25 days
78 3 0hrsmin.	
9. Birthplace Illustres -	Due to Hypertension and
retired (Town, county, and state)	Generalized Arteriosclerosis
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Goel Hackely 13. Birthplace new york.	Other conditions I ERMINAL BRONCHOPNE SHOWIA
₹ 13. Birthplace new york.	(Include pregnancy within 3 months of death)
14. Maiden name mury ammus	
14. Malden name	Major findings of operations. Date of op.
mad m N Steplenel	
16. Intormant	Autopsy results
**************************************	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide
FA of	
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Mash Dalla Dava T. J. Se. Surve	Injured at home, farm, Industry, public place (where?)
18. Funeral director Many J. Malled	Meens of injury injured at work?
Address 3200- R. Mare. Intellanier and.	Ja . Of the same has
Cot 7 47 Jams Severs	23. SIGNATURE MY/D, or other
(Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	Address MT. Rauser md Bate signed 10-v-47

OCI 8 1947

W. S. J. L. W. J. L. V. V.

and remark the firmer from

Jean mary

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3

09294

..... Date signed

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
CAN FILL WANG	
3. (a) FULL NAMES Rozila L. Subbard	3. (b) Social Security Number
4. Sex Solor or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I widow	20. DATE DE DEATH. Oct 27 194), at 430 M
B.(b) Name of husband or wife 9eo. H. Heebbanel	21. I CENTIFY that death occurred on the date above stated; that I attended deceased trom
	194), to Oct 22 184)
7. Birth date of deceased (mo., day, yr.) Queg-7-1860	and that I fast saw h. R. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death June 104
(°	Appendide Sept. 27.4
9. Birthplace (Town, county, and state)	
10. Usuat occupation.	Due to
11. Industry of business	Dther conditions
Z 13. Birthplace	
14. Maiden name Gelie Mattier	(Include pregnancy within 8 months of death)
O as Butterland	Major findings of operations.
Mr. 1-0.0 Mag C. A.	Date of op.
Address 40 2 9 Bladenslowers Pol	Autopsy results
Address 40 29 (Sladensburg Od	22, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicideM.C
Cemetery or crematory Forthiers level	Where did injury occur?
Location Wash.	Injured at home, farm, Industry, public place (where?) W.D.
18. Funeral director live to have the G	Means of Injury Injured at work? V Q
Address Bueedalg read	23, SIGNATURE Suran Hageage
19. 10/23 1947 Umanda Doursey (Date/ce'd by registrar) Registrar	M. D. or other Address 2711 - 3842 Com Bate signed 10 / 22 / 47



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3905

	and the same of th
1. PLACE OF DEATH: County Luce Lings.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily as town The activally - With	State District of College Washington
(If odtside city or town limits, write RURAL and give nearest town)	City or town 5 3 0 Company of the RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
nother Janes and Home	(If rural, give LOCATION)
How long in hospital or libritution?	2.(a) If veteran, name war.
mida Herlin	3. (b) Social Security Number
4. Sol 5. Color office 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 38 1947 at 7 P M
6.(3) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw here alive on 19. ** 7.
deceased (mo., day, yr.) An 3 1, 1866	Immediate cause of death DURATION
8. AGE: Years Myhths Days If less than one day 2hrs	
8 (on way myo cardilis. 30 days
9. Birthplace	Due to Decide Lange
10. Usual occopation.	Bue to Gen arteros 10 yrs
11. Industry or business	
E 12. Name	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name soci dou alless	Major findings of operations
\$ 15. Birthplace Trespirition accurate	Date of op.
16. Informant Auspulat Heerits	Antopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Buriai, cremation, or removal. Which?) Bate thereof	Accident, suicide, or homicide
Cemetery or crematory of a section al distinguish	Where did injury occur?
Location D. C.	Injored at home, farm, industry, public place (where?)
18. Fuoral director Isla & Maries Co	Means of Injury Injured at work?
Address 2901 14 the St. n. m.	Languard 1 mouse 4. 2
19 Oct 3 (Date rec'd by registrar) (Date rec'd by registrar) Registrar	23. SIGNATURE JULIA Takong Parks part Henry 10/3/47

OTTAG GO STADFILLISO

The best of the control of the contr

OCT 6 1947

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

19295 Reg. Diat. No. 245

1. PLACE OF, DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singfe, married, widowed, or divorced Flemale White widow 6.(b) Name of husband or wife Milliam 5. Second 13 live, give age years T. Birth date of deceased (mo., day, yr.) October 13 1856.	MEDICAL CERTIFICATION 2D. DATE DF DEATH
8. AGE: Years Months Days If less than one day 90 // 29hrsmin.	Immediate cause of death Fractice (DRt) 8 days
9. Birthplace Washington D. C. 10. Usual occupation Against Wife 11. Industry or business 12. Name Jonnes & Balefer 13. Birthplace Washington D. C.	Due to Due to Other conditions Should, HBP (
14. Maiden name Henriette a Boteler 15. Birthplace Weeking Tir, D. C. 16. Informant M. Bufthyn	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4214 Sefficient St. Syalially 17. Burn Branch of Flore Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Cause, 33507 March (City or town) Injured at home, farm, industry, public place (where?)
18. Funeral director	23. SIGNATURE. Let
19. (Date rec'd by registrar) (Pate rec'd by registrar) Registrar	Address 4108 Jeffann Heave Do Date signed act results



A Commence of the London

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

740

09297

CERTIFICATE OF DEATH

D. N. 23 4

					-
1. PLACE OF DEATH: County Prince George Clinton (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Maryland County Prince George	
City or town(If	outside city or town	limits, write l	RURAL and give nearest town)	Clinton	
How long in above place	ce of death?		***************************************	City or town. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, o	or street address where	death occurre	d:	Street No.	
				2.(a) It veteran, name war 3. (b) Social Security Number	

3. (a) FULL NAM				3. (b) Social Secu	rity Number
	James	T. Ir	py		
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	7.5	arried	044 5	7:450
				20. DATE OF DEATH Quit 5 19 9	
6.(b) Name of husban	d or wife LO	a May	Irby	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
			(211.27	Jan. 1946, 10 act.	
7. Birth date of			(c) It alive, give ageyears	and that last saw h in wallye on Oct . +	18 ¥ 7.
deceased (mo., day	, yr.) Nov.	24th 1	912	Immediate cause of death	DURATION
8. AGE: Yea	ers Months	Days	If less than one day		
	34	100	hrsmln.		
				leefema	
9. Birthplace	Penn. Coun	y, Vir	ginia state)	Due to	***************************************
	15 - 2 - A				
1D. Usual occupation	Maintens	ance ma	n'	Due to	
11 Industry or husing	ess Bergman	Laund	TOV		
	Luther H	Trebur			
12. Name			***************************************	Dther conditions	***************************************
	Va.			(Include pregnancy within 3 months of death)	
14. Maiden nam 15. Birthplace	. Rosa Swi	tzland			
H 14. maruen nam	C			Major findings of operations.	
≥ 15. Birthplace	Va.			Date of op.	
16 Interment	Mrs. Lola I	May Irb	<u>y</u>	Autopsy results	
				PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.
Address	Clinton,			22. VIOLENCE: If death was due to external causes, filt in the tollowing;	
Burial Date thereot Oct. 8th 1947 (Burial, cremation, or removal, Which?) But thereot (month) (day) (year)		Accident, suicide, or homicide			
(Burial, crematic	on, or removal. Which	?)	(month) (day) (year)	Accident, Suicide, or nomicide	
Cemetery or crematory Cedar Hill Cemetery			metery	Where did injury occur?	(State)
	Suitle			Injured at home, tarm, industry, public place (where?)	
Location Suitland, Maryland					
18. Funeral director Athern 5.			in so fr	Means of injury injured at work	
200	7-nichol	-000	0 = > al A 0	11/1/2/11/10/21	mall
Address	1 - 1/2 chie	ourt,	a c rear. v.	23. SIGNATURE US MUNICIPALITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. Oct 6	19 F7	The	unid & Bo = 00	N N	I. D. or other
(Date rec'd by	registrar)	VI.	Registrar	Address 2015- Nichals ans. & Date st	aned alex 6,1



UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13b

09298

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince Georges		
City or town	State	
How long in above place of death?	City or town Washington	
Hospital, Institution, or street address where death occurred:	929 New Jersey Avenue, N. W.	
Glenn Dale Sanatorium	Street No	
How long in hospital or institution? 1 mo., 26 days	2.(a) If veteran, name war	
3. (a) FULL NAME		
	3. (b) Social Security Number	
1, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
	MEDICAL CERTIFICATION	
Female Colored Married	20. DATE OF DEATH OCE. 6, 19 47, 21 9 30	
6.(b) Name of husband or wife Amos Irving	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
o.(v) Name of Justiand of wife	1	
7. Birth date of Ontable 7.2 2000 give age	and that I last saw h. F. alive on 10/6 18 47	
deceased (mo., day, yr.) UC CODET 10, 1900	Immediate cause of death DURATION	
8. AGE: Years Months Days If less than one day	pulmonar abrados 5 mis	
46 46 11 18min.		
9. Birthplace Edgefield, South Carolina (Town, county, and atate)	Due to	
1D. Usual occupation		
	Due to.	
11. Industry or business —	-	
12. Name Elbert Griffin 13. Birtholace Edgefield. South Carolina	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Virginia Slaughter		
14. Maiden name. Virginia Slaughter Edgefield, South Carolina	Major findings of operations.	
Dan	- Date of op.	
16. Informant Deceased	Autopsy results	
Address		
(Burid, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burid, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?	
Location Trashington R	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Majuna & Schey Tac	Means of Injury Injured at work?	
Address 424- R ST N.W.	(1) in P. 11.	
2 4 7 10 P P 1 10 P. 1	123. SIGNATURE LANCE LEO Finicare MD	
19. Oct 7 1947 Owlend S Plut (Date rec'd by registrar) Registrar	Address It lean hale Md has signed 10/6/47	

MARGIN REL RVED FOR BINDING

OCT 21 1947

BUREAU #

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09291) Reg. Diat. No. 23/

CERTIFICATE OF DEATH

. PLACE OF DE		Cananal Haanital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince George's General Hospital				
City or town	heverly, Md	nits, write RURAL and give nearest town)	state Maryland county Prince George Hyattsville	
Now long in about place	of death? 6 da	ys and 16 hrs.	(If outside city or town limits, write RURAL and give nearest town)	
Hospitai, institution, or	street address where d	eath occurred;	4906-40th Place	
Rvince G	eorge's Gen	eath occurred: eral Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 6 days and 16 hrs.			2.(a) It veteran, name war.	
3. (a) FULL NAM	E		3. (b) Social Security Number	
	MR. ALFRED			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20. DATE OF DEATH Q T 30 1947 215 Q N	
			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(0) Name of husband	or wite		Qet 1 197 10 Oct 30 197	
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw h alive on Q at 29 19 7	
deceased (mo., day,	yr.) Nov. 21	, 1871	Immediate cause of death DURATION	
8. AGE: Years	s Months	Days It less than one day	Ca-1: - 0	
75	11	9min.	The same of the sa	
En	gland -		Due to Cardiac Thronbasis	
* Birthplace	(Town, e	ounty, und state)	DUC 10.	
1D. Usual occupation	Retire	d		
11. Industry or business			Due to	
	Hames	A Can		
t2. Name 13. Birthplace		maland	Other conditions	
	70	IAI Pail	(Include pregnancy within 3 months of death)	
14. Maiden name.	coza	Leve May	Major findings of operations.	
E 15 Rirthniace		England		
1	111. Em	was Mean	Date of op.	
16. Informant			Autopsy results	
Address	yaus	elle ma		
" Berk	into	Date thereof 2011, 1947	22. VIOLENCE: If death was due to external causes, till in the following;	
(Burial, cremetion, or removal. Which?) (month) (day) (year)			Accident, sulcide, or homicide	
Cemetery or crematory Lincoln			Where did injury occur?	
Location washingly Ill			Injured at home, tarm, Industry, public place (where?)	
10 Francis districts of Larche some			Means of injury Injured at work?	
t8. Funeral director			0 16	
Address Agangardy M1			23. SIGNATURE Sund Columbration	
19. (Date rec'd by registrar) 19. 4. 7 (Muluda Doursey Hegistrar			M. D. or other	
(Date rec'd by re	egistrar) /	Pegistrar	Address	

NOV 3 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09300

OEKKII IOAK	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give nearest town) Streef No. (If rursi, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME DIXIE ETHEL KING	3. (b) Social Security Number
FEMALE WHITE DIVORCED	MEDICAL CERTIFICATION 20. DATE DF DEATH /0-22 19.47 21./0.19
6.(b) Name of husband 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays 1 10 11 12 13 14 15 16 17 18 19 19 10 10 11 12 13 14 15 16 17 18 19 10	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19.7.7. 10.7.7.3.1.19.7.7. and that I last saw held
11. Industry or business 12. Name 13. Birthplace Same Same	Other conditions
14. Maiden name MARTHA CASTLE 15. Birthplace KENTACKY 16. Informant E. J. King	(Include pregnancy within 3 months of death) Major findings of operations
Address Average Bale thereof (month) (day) (year) Cemetery or crematory Average Bale thereof (month) (day) (year) Location Average Bale thereof (month) (day) (year) 18. Funeral director Average Bale thereof (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide
19. 10/23 19. 10/23 19. 10/23 19. 10/23 19. 10/23 19. 10/25 dec dry secristrary (1) - Mrs. Jack Burne Registrar	23. SIGNATURE. Cottle Cronic's M. D. or other/22 Address. Bor Date signed.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

RITE M

PLEASE

S

MARGIN RESERVED FOR BINDING

RECEIVED

OCT 30 1947

BUBLAT 6

VS A15

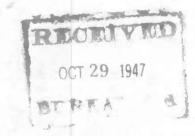
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(19301 Reg. Dist. No. 234

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County June Leory Co	
Clinton and	State and County Trunce Georges
(If outside city or town limits, write RURAL and give nearest town)	111 aten
How long in above place of death? 25 Flans	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) Il veteran, name war
3. (a) FULL NAME)	3. (b) Social Security Number
or or.	De (V) Notice we cannot a summer
James J, Ting	
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mall lotite Indowed	Oct 23 49 9P
made while ordered	20. DATE OF DEATH 19 T/ al 7 F
Rus 4 Floles	21. I CERMFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife.	
	July 15 1045 10 Oct 23 1947
7. Birth date of	and that I last saw from alive on Oct 23
deceased (mo., day, yr.)	Immediair cause of death
8. AGE: Years Months Days It less than one day	
90	Chronic my ocardetis & Plans
. 00 hrsmln.	7
9. Birthpiace Brandyzune, mil	Bue to Carcinoma of lips 1 year
9. Birthplace (Town, county, and state)	Due to. Machine to the total total to the total total total total total to the total t
2	
10. Usual occupation	Due to
11. Industry or business?	
	•••••••••••••••••••••••••••••••••••••••
12. Name	Other conditions.
12. Name John Tung 13. Birthplace Don't Know	
	(Include pregnancy within 3 months of death)
14. Maiden name. Don't Know 15. Birthplace Silver Hell my	Major findings of operations
\$ 15. Birthplace Silver Hell my	
	Date of op.
18. Informant Danders Tung	Antopsy results
Man Clinton mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Currion, The	22, VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Qurial Date thereof Och 26-47	
(Burial, cremation, or removal. Which?) Bate thereot	Accident, suicide, or homicide
Valore A (2 and	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Walderfled.	Injured at home, tarm, industry, public place (where?)
01 4116	Misans of Injury Injured at work?
iB. Funeral director, July 1997	
11/10/01/21	(10 5 B)
Address Walder Ma	23. SIGNATURE John 6 Bowess M. O.
(1/1/25- 19 M/2 /1/1 And 10	M. D. or other
(Date rec'd by registrar) Registrar	Address I wandywine, md Date signed Del 23/47
(make see of my segment) respective	Address signed a sign



PLEASE WRITE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19302 Reg. Diat. No. 2/3/

,	
1. PLACE OF BOATH: Georges CO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For-newbory infants give residence of mother)
County Pherandy ma.	State Ma County Gro So Co
(If outside city or town limits, write RURAL and give nearest town)	City or town J 3 o J Experience of town limits write Melihal and displacement town
How long In above place of death?	(11 Outside city of town timites, write dictions and Braymentes town)
Hospital, Institution, or street address where death occurred:	Street No. Syatterille Ind.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Cligabeth Kraft	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(o) Single, married, widowed, of ivorced	MEDICAL CERTIFICATION
Jemale white married	20. DATE OF DEATH October 19 18.47 at 1 A
John L. Fraft	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	October 11, 1847 10 October 18, 1947
7. Birth date of	and that I last saw he alive on October 18, 1947
deceased (mo., day, yr.) 2457 10,1898	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Introversal bemorrage 8 days
49 1 8hrsmin.	at fore of hain
new Jersey	Due to possible suptimed
9. Birthplace (Town, county, and state)	answer of trailer auten
1B. Usual occupation for shorte	P. de
11. Industry or business	Due to
12. Name Delw Litzpatrick 13. Birthplace Dreland	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
14. Maiden name. Thany Stealy 15. Birthplace Queland	Bate of op.
John Pr Stratt	Autupsy results.
16. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address A 1615	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cresotton, or removal, Which?) Bate thereof to 20.194	Accident, suicide, or homicide
Wald Cross 1	
Cemetery or crematory	Whera did injury occur?
Location A. Changes Pract for	Injured at home, farm, industry, public place (where?)
F. Brocks Some	Means of Injury Injured at work?
18. Funeral director.	11. 20 11 2.0
Address Sylamerice C	23. SIGNATURE 6 Jours Mendel, 14.2.
19 Oct 2018 47 amondy Norone	Cellar Park, and M. D. or other
(Date rec d by registrar) Registrar	Address Callege Park, Mal. Date signed 10/14/4/

REACULE VIDEO

QCT 23 1947

WITY UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V is especially i

PLEASE WRITE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(19303 243

				CERTITICA	IL OF DEATH	Reg. Dist. No	
1. PLACE OF		rice	George	s	2. USUAL RESIDENCE (HO (For newborn infants give re		
City or town	Gle (If outside of de la company) (I	eath? 1 et address where	Maryl mit. write R yr., 5 death occurred Sanato	and URAL and give nearest town) mos 22 days	City or town Washington (If outside city or Street No. 3910 Burns	County town limits, write RURAL and giv Place S. E. rural, give LOCATION)	re nearest town)
3. (a) FULL N	AME	L	ITTRE	ELL, ROSE	М.	3. (b) Social Secu 579-18	
4. Ser Female		Color or race White		married, widowed, or divorced		CAL CERTIFICATION	
6,(b) Name of husl 7. Birth date of deceased (mo., c				Littrell Halive, give age39year , 1917	21. I CERTIFY that death occurred on 22. and that I last saw h. C	the date above stated; that I attended	deceased from 2 47
0. 1102.	Years 29	Months 9	Days 23	If less than one dayhrsmin	Pulmonary T.	uberculosis	1 yr. 7 mg
1D. Usual occupat 11. industry or but 12. Name 13. Birthplace	siness Thom	Но	usewif wyne 1, Texa Rabe	· s	(Include pregnance		
16. Informant		Decease	ed	A + 1611	PHYS1C1AN: Please underline the	cause to which death should be cha	
Cemetery or cru Location		Was	ling hir Row	(month) (day) (year)	Injured at home, farm, industry, publishes of injury 23. SIGNATURE.	y or town) (County) Ic place (where?) Injured at work	?

OCT 25 1947

34 /

FOR BINDING

RESERVED

MARGIN

NS

PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

09304

CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH: County Cou	State City or town
How long in hospital or institution?	2.(a) if veleran, name war
3. (a) FULL NAME arthur Jeob male	Ideis 3. (b) Social Security Number
nale white married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH DEL 27, 11 10.
6.(b) Name of husband or wife narion malders 7. Birth date of deceased (mo., day, yr.) march 1 / 880	and that I last saw h. J. 277alive on
8. AGE: Yeare Months Days It less than one day 67	Coronary Etrombous 2 wh
10. Usual occupation Caroller 11. Industry or business	Due to
12. Name Verman malders 13. Birthplace Germany	Other conditions
14. Maiden name unknoton 15. Birthplace Germany	Major findings of operations. Date of op.
18. Interment marion malders Address Riverdale Ind	Autopsy results
(Burisi, commation, or removal. Which?) (Burisi, commation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Location Washington H.	Where did Injury occur?
18. Funeral director I Cascha Jones Address Hyalleville M.	means of Injury Injured at work? Description of the second of the secon
19. Oct 24 Jann Serry (Date rec'd by registrar) 1847 Jann Serry Registr	23. SIGNATURE OF M. D. or other Tar Address Adjustic M. D. Bate signed 28-47

RIPORTYME

OCT 29 1947

BIBLAUFE

PLAINL)
is especial

WRITE

ASE PLE

MARYLAND STATE DEPARTMENT OF HEALTH

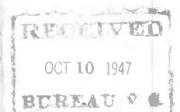
2411 N. Charles St., Baltimore

E OF DEATH

Reg. Dist. No 2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn in ants give residence of mother 3. (b) Social Security Number **OURATION**

		CI	ERTIFICAT
1. PLACE OF DETH: County City or fown(If outside 61 How long in above place of death Mospital, institution, or street and	ty or town limits, w	CUTTE RURAL and gr	ye nearest town)
How long in hospital or institution	on?		
3. (a) FULL NAME 4. Sp. 5. Colo	mary For rage 6.(a	Ella Single, married, wido	male male med, or divorced
Temale u	thite c	widow	red
6.(b) Name of husband or wife	Engen	a.ma	thingly!
7. Birth date of deceased (mo., day, yr.)	ans	714.	73
8. AGE: 74 M	onths Ga	is If less than	
9. Birthplace	(Tor)n, county,	and states fe	1_
12. Name	prea	ooke	-
14. Maiden name	Pa	Rog	ve .
16. Interment	yatte	rille	nd,
17 Burial (Burial Camation, or same	Date (No. 19)	e thereof Set	9,1947, th) (day) (year)
Cometery or crematory	stong	ton 4	(e,
1B. Funeral director	there	le m	do
		-	

MEDICAL CERTIFICATION (Include pregnancy within 8 months of death) Major fiedings of operations..... PHYSICIAN: Please underline the cause to which death should he charged statistically 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURI M. D. or other Date signed 10-7



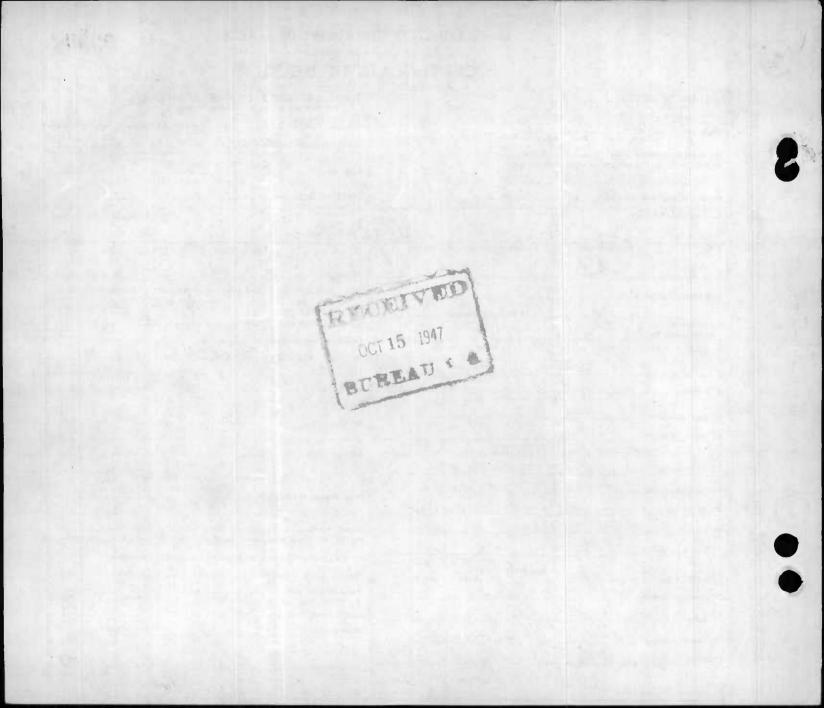
VS A15 9.45-18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

,	Reg. Dist. No.
1. PLACE OF DEATH: County / RINCE George'S	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Ball Markella and give nearest town)
How long in above place of death?	
307 PRINCE GEORGE ST.	Streel No(If rurol, give LOCATION)
How long in hospital or institution of the second of the s	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DINY GU	lowan
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White	20. DATE OF DEATH 10 8 18.4.7 21 6 30 gm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from
6. (c) If alive, give ageyears	10 8 19.8 7, 10 10 9 198 7
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause of drath DURATION
8. AGE: Teats Min.	(Sumalarty
LAUREL DR. FJES'S.	
S. Birthplace WARREM HOSPITA - MA. (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name Clenard McGowan 13. Birthplace CATLETT - VIRGINIA	Other conditions
2 13. Birthplace CATLETT - VIRGINIA	(Include pregnancy within 3 months of death)
14. Maiden name LOROTHY TAVENNER	Major findings of operations
15. Birthplace Lecs burg - Virginia	major nadiogs of operations
14. Maiden name LOROTISY TAVENNER 15. Birthplace Lees burg - Virginia 16. informant Clenord McGowan	Aptopay results
Address Laurel, USd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- + 2 12 15	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) (month) (day) (year)	Accident, suicide, or homicide
Cemeiery or crematory.	Where did Injury occur?
Location Louis EV. Md	Injured at home, farm, Industry, pub ^{il} c place (where?)
18. Funeral director follows With Woneldow	Means of Injury Injured at work?
Address have mel	B Allana.
Oak 9 47 M. Brancean	23. SIGNATURE DE COLOR DE CONTROL
19. Registron	1 - 194 / Sure signed



WRITE PLAINLY

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09307

CERTIFICATE OF DEATH

Reg. Dist. No. 2 443

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Clenn Pale Maryland	Stele
City or town	Washington
How long in above place of death? 1 month, 26 days	City or town Washington (If outside city or town ilmits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Glenn Dale Sanatorium	Street No
	Street No
How long in heapital or institution? 1 month, 26 days	2.(a) II veteren, name wer.
3. (a) FULL NAME BESSIE B. MELTON	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diverced	MEDICAL CEDEVICATION
Female White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife Edward R. Melton	21. I CERTIFY that death accurred on the date shows stated: that I attended deceased from
	8/28 147 10 10/25 11 47
7. Birth date of years 7. 3.000	and that I last saw h
deceased (mo., day, yr.) February 11, 1882	Immediate cause of death
8. AGE: Years Months Days II lose than one day	pulmonary luberculosis 7 mos
65 65 8 14min.	
9. Birthplace Richmond, Virginia	Due to
(Town, county, and state) 10 Usual accuration Clerk in War Department	
10. Usual occupation. Oter III war Department	Due te.
11. Industry or business	
Sydney Puckett 12. Name Sydney Puckett Richmond, Virginia	Other conditions
14. Maiden name Anna F. Gill 15. Birtholace Richmond, Virginia	(include pregnancy within 8 months of death)
Richmond, Virginia	Major fiediogs el eperations.
Deceased	Date ol op.
18. Informani Deceased	Actopsy reselts.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Neworal Date thereof Oct . 25,1947	22. VIOLENCE: II death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Bate thereof. (CC . 25, 1947) (month) (day) (year)	Accidant, suicide, er homicide
Gemelery or cremalory	Whare did injury eccur?
Location to Washington, D.C	Injured at home, farm, Industry, public place (where?)
18. Funeral director Deal Tuneral Tome	Means el injury tojured at work?
Address 48/2 Sep ave N.W. Wash. D.C.	(D) 120 D.
Address ola Jawe. IV. W. Wask. D.C.	23. SIGNATURE & January Leo Finicana M.D.
10 Oct 25, 1.47 Kowland & Philips	M. D. or other
(Date rec'd by registrar) Registrar	10/25/45

NOV 4 1947

MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

09308

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Glann Dala Nampland	
City or town. Glenn Dale, Maryland (If outside city or town ilmits, write RURAL and give nearest town)	County
How have to show that of days	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 days Mospital, institution, or street address where death occurred:	
220 Facility S. H. Janetani	Street No
To the second se	(If rurai, give LOCATION)
How tong in hospital or institution? 17 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MELVIN MOXLE	5.(6) Social Security Number 578–12–8701
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	
THE DITIETE	20. DATE DF DEATH. OCTOBER 26 10 47 21 8:40 A
6.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Oct. 7 47 Oct 26 47
7. Birth date of	years and that I last saw h. I.M. alive on O.T. 2.6. 18 Y.Z.
deceased (mo., day, yr.) September 19, 1913	
B. AGE: Years Months Days If less than one day	Immediate cause of death
	PULMONARY TUBERCULOSIS Typ 2 m
34 34 1 7hrs.	
8. Birthplace Washington, D. C. (Town, county, and state) 10. Usual occupation Laborer	Due to
11. Industry or business	
12. Name Walter Moxley Washington, D. C.	Dither conditions
13. Birthplace Washington, D. C.	Dittel Constitutions
	(Include pregnancy within 8 months of death)
14. Malden name Eva Jane Smith 15. Birthplace Washington, D. C.	
15. Birthplace Washington, D. C.	Major findings of operations.
	Date of op.
16. Informant Deceased	Autupsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VtOLENCE: tf death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof (mgnth) (day) (year)	22. FIOLEFICE: 11 HEATH WAS QUE to external Canses, Till In the Tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory To Wash. SE	Where did lajury occur?
Location	tnjured at home, farm, Industry, public place (where?)
12 mble /11	Meens of Injury Injured at work?
18. Funeral director	
Address 923 -4	() a 'OP 11.
21 27 1000	23. SIGHATURE X) anel Leo Finicane MD.
18 Oct. 27 10 47 Cowlang S. Plul	le Par On The M. D. or other

REC 2 V 810 NOV 4 1947

STREAT F &

WITH UNFADING INK. Supply every item of information carefully. The corrimportant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, is especially

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09309 Diat. No. 23/

	Reg. Dist. No. Jan.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County PARLE GEORGE	(For newhorn infants give residence of mother)
City or lown. (If outside city or town limits, write RURAL and give nearest town)	State Mong bad County Proper Jeones
//	(if outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	
	Street No. Chevering wys.
Prince Georgis General Dospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
13. (a) FULL NAME NEW man, Edith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
femile w married	20. DATE DF DEATH 1.0 - 18 19 47 21 10 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and 1) 194 B 10 Bet 1 1947
7. Birth date of	and that I last saw h 2 alive on 10 - 17 19 47
deceased (mo., day, yr.) 44gust 29- 1870	Immediate cause of death DURATION
8. AGE: Years Month Days If less than one day	acife Chaline Politations 10 mins
77 / 26hrsmin.	
Day 1 110	
9. Birthplace (Town, county, and state)	Due to Classing My or and
	c command may 3 mo
1D. Usual occupation	Due to Teolota Melliter 25 yrs
11. Industry or business	Plints Pains
12. Name John Blais dell 13. Birthplate Mess	Other conditions Serve Christian Ca
13. Birthplate Mess	
	(Include pregnancy within 3 months of death)
14. Maiden name Emily Weening 15. Birthplace Maine	Major findings of operations Freder Synast that
2 15. Birthplace Maint	In Planton Pain - Food Date of op 6-27.47
16. Informant Lospital records	
16. Informant 603 p. J. A.	Autopsy results
Address	
Cremation Date thereof both 21 194)	7 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory It Junes land	Where did injury occur? (City or town) (County) (State)
washindon IlC.	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Saecia sore	Meens of Injury Injured at work?
Musther la me.	1
Address Address	23 SIGNATURE / Summers In D.
Oct 19 Undirda Deunes	M. D. or other
(Date rec'd by registrar) Registrar	Address let. Karry land Date signed 10-18.4

OCT 23 1947

The state of the s

House spice

Section !

The sale was a sale of

And you are the rest of the best of the

PLEASE WRITE PLAIN

2411 N. Charles St., Baltimore

09310

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

			ral Hospital	(For newborn infants give re	coidence of mother County Luce Darges
City or town				City or town Bowell (If outside city or Street No. (If	town limits, write RURAL and give nearest town)
How long in hospita	i or institution?	11	hrs.	2.(a) If veteran, name war	
3. (a) FULL NA Bab		olph			3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDI	CAL CERTIFICATION
Male	White		Single	20 DATE OF DEATH Octobe	er 12, 19.47 ,at 2:15 B
			11 alive, give age	21. I CERTIFY that death occurred on years and that I last saw handlive or	the date above stated; that I attended deceased from 19.77, to 19.77 OST 12 19.77
0. 1102.	Months O	Days O	If less than one day	Jumptun to	with 8 mg. Isid "/ day
10. Usual occupation	ness	eounty, and st		Due to	
12. Name		dolph		Other conditions	
14. Maiden nam 15. Birthplace	neInez Kre Md	eitzer	19	Major fiediogs of operations	y within 3 months of death) Date of op.
16. Informant	Hos	spital F	lecords	PHYSICIAN: Please ooderline the	cause to which death abould he charged statistically.
17 Gema	toni ion, or rymoval. Which?) atory ware G Cheres G.	Date thereo	(month) (day) (year General Hoppe Supt.	Where did Injury occur?(City	external causes, till in the following: Date of
Address C	herely, 7	med.	monda Regi	23. SIGNATURE A LEAT TOTAL Address Mul.	Date signed 19/13/47

RECEIVED

OCT 23 1947

BUBEAU O A

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1	ž	3	3	I	1			
			-,	-	7	2	1	

1. PLACE OF DEATH: Prince County	George's Iy townsignits, Trite RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Maryland State County Berwyn Heights	************
How long in above place of death? Mospital instilution, or street address Prince George		City or town (1f outside city or town limits, write RURAL and give nearest tow 5805 Ruatan St. Street No. World give LOCATION)	n)
How long in hospital or Institution?		2.(a) If veteran, name war.	
3. (a) FULL NAME WILLIA	M B. RIDGWAY	3. (b) Social Security Number	
4. Sex 5. Color or ra	ace 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Whit	e Married	20. DATE DF DEATH October 24 19 47 at 2	:25E
6.(b) Name of husband or wife Ma 7. Birth date of deceased (mo., day, yr.) Jul	S.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	19
8. AGE: Years Months	Days If less than one day 20hrs	Hemorrhage and shock	PRATION
9. Birthptace	gton, D. C. (Town, county, and state) m fitter	Due to Crushed chest Fracture of the skull	
11 ladvatas as husbans Con	struction	Due to	**************
Hayden 12. Name Hayden 13. Birthplace Washin	Ridgway gton D. C.	Other conditions	
Marv	Jane Dove	(Include pregnancy within 3 months of death)	
14. Malden name Washin	gton D. C.	Major findings of aperations	
Mary A.	Ridgway	Actorsy results.	
5805 Ruat	an St., Berwyn Hgt's M		lly.
Burial (Burial, eremation, or removal. Wash	Date thereot Oct.27,194 Which?) ington Natl. Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:	22/47 Md.
18. Funeral director	d Road, Maryland	Injured at home, farm, industry, public place (where?) Meens of injury Pedestrian struch by orka stree Deputy Medical Examiner	ICL A
18. Funeral director.	verdale, med.	Meens of Injury Pedestrian Structhord Work Street	-

RECEIVED

OCT 28 1947

PUPEAUFE

PLAINLY, W

PLEASE WRITE

VS

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	•		
1	3	1	0

09312 245 Reg. Diat. No ..

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County PRINCE QCORGE	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State D.C. County City or town Washington
How long in above place of death? # day 5	Gity or town
Hospital, institution, or street address where death occurred:	Street No. 2606 Bhode Island Ave
Eugene Leland megaaral Hospital	(If rural, give LOCATION)
How long in hospital or institution? 4 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Rollins, Mas. Mamie Genes	
4. Ses 5. Color or race 6.(a)Single, marfied, widowed, or divorced	MEDICAL CERTIFICATION
Female White MARRIED	2D. DATE OF DEATH October 7 19.47, 21 6 45 p.
6.(b) Name of husband or wife Edwin Carlton Rollins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 72 years	and that I last saw h. L.T. alive on October 7. 19 47.
7. Birth date of deceased (mo., day, yr.) Lygust 23, 1879	
8. AGE: Years Days If less than one day	Immediate cause of death Civenus DURATION
68 1 14min.	131
11. PIV 11	Chronic Clarenter secreti: 2
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Hausewite	a tanne lorti i punateurie
•	be to hear disease
11. Industry or business	They was
H 12. Hame Latrick Lysch	Other conditions
13. Birthplace IReland	Right by Orothoray
14 Maiden name Ella Ellsworth Ellis	(Include pregnancy within 3 months of death)
	Major findings of operations.
El 15. Birthpiace Boston, Mass.	
16. Informant Wallace R. Lee K Son-in-law)	Autopsy results.
Address 2606 Rhode Island Ive N.E. Was soften, DC	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Remushal Vexy 1647	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Int Sweeter Rolling	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Manual Control Contro	Injured at home, farm, Industry, public place (where?)
18. Funeral director of 20 m Ley Sons	Meens of injury fnjured at work?
Address (300-4th St 79-	Stall () () chadle les I (b) (
Audress V VV I V	23. SIGNATURE M. W. or other
19 Oct / 1847 Jany Serry	4404 Lyunpera Pd Resoll had 1 10/2/42
(Date rec'd by registrar) Registrar	Address

OCT 9 1947 BUREAU 9 8.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

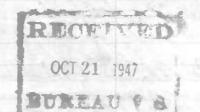
2411 N. Charfes St., Baftimore

CERTIFICATE OF DEATH

09313 Reg. Dist. No. 23/24

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County PA - Water Made	State.			
City or town. (If outside city or town limits, write RURAL and give nearest town)	Pl po (1/1) to male			
How long in ebove place of death? Source death occurred:	City or town (11 outside city or town limits, write RURAL and give nearest town)			
nospiral, maniulion, of street audiess where death occurred.	Street No			
flow long in hospitat or institution?	2.(a) If veteran, name war			
3. (g) FUIL NAME	3. (b) Social Security Number			
(Buth Mac Russell	5. (0) Social Security Number			
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
I Maried	20. DATE OF DEATH October 11 1947 at 9:15 6 M			
B, (b) Name of husband who Marence a. Kussell	21. LCERTIFY that death occurred on the date above stated: that Lattended deceased from			
A series of the live give age 98 years	October 6, 19 41, 10 Oct. 11, 1847			
7. Birth date of deceased (mo., day, yr.)	and that f last saw here alive on Clean 19.			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
40 2 14 min.	many behaviors fups			
9. Birthplace Philadelphia, Pa.	Due 1a.			
(Town, county, and state)				
1D. Usual occupation	Due to.			
11. Industry or business				
12. Name	Dther conditions			
SI 13. Birthplace	(Include pregnancy within 3 months of death)			
15. Birthplace Vergina G	Major findings of operations			
E 15. Birthplace Reguna (2004)	Date of op.			
18. Informant / Cartle & Levers	Autopsy results			
Address Lam P. O. Veslay med.	22. VfOLENCE: If death was due to externat causes, fill in the following:			
(Burial, cremation, or repowal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or grematory an colon menancial Com	Where did injury occur?			
m	(City or town) (County) (State)			
Location A Harlan	Megns of injury Injured at work?			
18. Funeral director.	Presidenty treated in treatment took, Wady			
Address 1322 Jan 21. M.C.	23. SIGNATURE How W. Spilley Sun D			
19. 10/1(Date ree'd by registrar) 1947 Umanda Downey Registrar	Address Brantwood med Date signed 0-11-47			
10-14-47 Mrs det Benutte				

THE PARTY OF THE P



(Date rec'd by registrar)

23. SIGNATURE

Address..

Reg. Diat. No. ...

3. (b) Social Security Number MEDICAL CERTIFICATION

RECEDITION

NOV 4 1947

BUREAU V 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

Reg. Diat. No. 2-45

OERT II TOIL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mary Elizabeth	3. (b) Social Security Number
4. Sex 5. Color or the 8.(a) Single, married, widowed, or divorced with the sexual sex	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH.
8. (6) Name of husband or wite	21. I.CERTIFY that death occurred on the date above stated; that attended deceased from 18
Address 3419 22 rd M. N. E. 17. Eurice (Burial, cremation, or removal, Which?) Cemetery or crematory Mr. Celint Cenneling Location Bladenshing Fd. N. E. Washington, W. C. 18. Funeral director Address VSY Carval pt. Dahoma Park. LD.C. 19. (Date rec'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

PLEASE WRITE

ASA

OCT 29 1947

09315

CERTIFICAT	E OF DEATH Reg. Dist. No. 230
1. PLACE OF DEATH: PRINCE GEORGE'S County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MRY/AND County City or town. (If outside city or town limits, write RURAL of give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME MARGARET Louise SM	3. (b) Social Security Number
4. Sex [-emale White MARRIED 8.(b) Name of husband or wife. HMOS CURTIS SMITH	20. DATE OF DEATH. COCTOBER 19 47, at CAN NOT COLORER 19 46, to CAN NOT COLORER 19 47
7. Birth date of deceased (mo., day, yr.) // MARCH 1872 8. AGE: Years Months Days If less than one day his. min.	and that t last saw here alive on 500 to BER 19.41 Immediate cause of death Hypostratic Julmonary Duration Congestion Due to Chyonic Myocarditis
10. Usual occupation	Due to Hypertensive CARdio 159R - VASCULAR RENAI Other conditions Now
14. Maiden name. Dorothy AKERS 15. Birthplace Fredericksburg, UA. 16. Informant MRS Dorothy Neitzey Address 5700 Berruyn Rd Berryn	(Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof. (Month) (day) (year) / (month) (day) (year) (day) (year) (day)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury Lipiured at work? 23. SIGNATURE M. D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS A15



09316

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: How long in hospilal or institution? Street No. 4210 29th St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security				
	State			
Wm. A. Smith	y Number			
Male White Married Married Medical Certification Male White Married 20, Date of Death October 12 1947	112:35A			
And the second s	Der 12 19 47 19 47 DURATION			
Address 17. Date thereot. (month) (dsy) (year) Cemetery or crematory. (City or town) Location Mach. Date the Mach. Date of Mach. Date o	ed statistically.			

MARGIN RESERVED FOR BINDING

WRITE

PLEASE



Commence of the second

Led many to the first of the second

· 1. 186

1. 1.

MARGIN

WRITE

PLEASE

A15 VS 1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09317

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mothes)
County County	State Maryland County Prince georges
City or town(tf outside city or town limits, write RURAL and give nearest town)	The Carlos of Park
How long in above place of death?	(if outside city or town limits, write RURAL and give hearest town)
Hospital, institution, or street address where death docurred:	Street No. 6 5 0 4 - 4 0 th area
6504-40th avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Drene Past An	3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tende white morried	20. DATE DE DEATH October 26 1947 at 8-9.
6.(b) Name of husband or wite Cudalph Anyder	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
/ (07	
T. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) and 3, 1872	Immediate cause of death
8. AGE: Years Months Jays If less than one day	Coroner declusion
65/min.	
Fast Calling Calarado	Due to Cardioraccular renal
9. Birthplace (Town, county, and state)	nesepol
10. Usuat occupation.	Que to
11. Industry or business Journal House	900 10
	Otto Alitica
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
S 15. Birthplace Jefan	Date of op.
Pudalhi L. den	Autopsy results
16. Informant	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
Address university fact to 16147	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Cremation 1 Date thereof Jet 18 1941	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (dsy) (year)	
Cemetery or crematory	Where did injury occur?
Location Coashington Cle	Injured at home, farm, industry, public place (where?)
I Dascha Das	Means of injury Injured at worls?
18. Funeral director	Reputy medical regimes
and and the last	23. SIGNATURE
19 (Dats ree'd by registrar) Registrar	Address Horeshall hed Date signed D-17-4

RUSORHIVAND

OCT 29 1947

BLE LA LELLE

PLEASE WRITE PLAINLY, WITK L'NFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

			CERTI	FICAT	E OF DEATH	Reg	g. Dist. No.	23/
1. PLACE OF DEATH: County			town)	2. USUAL RESIDENCE (H (For newborn infants give State	County Co	Lungk	rest town)	
3. (a) FULL NAM	E			.0 .0		3. (b) S	Social Security N	lumber
DAD			Frank C	lefton				
4. Sex Male	5. Color of face White	6.(a)Single	s, married, widowed, or divo	oresid	20. DATE DF DEATHOcto	har 12		6.55P.
6.(b) Name of husband 7. Birth date of deceased (mo., day,	•• ••• ••••	6.(6	:) If ailve, give age	years	and that I last saw h.j.Mallve	on Oct 10	12	19.47
8. AGE: Year		Days	If less than one day	THE	Immediate caose of death	1		
	ince Georg	n, county, and a	eral Hospit	al	Due to	atosio Heon	olomm	10 day
12. NameJE	ames Swann	er		********	Diher conditions			
	14 8				(Include pregna	in the second second		
14. Maiden name		Doyle			Major findings of operations			
Address 17	A Las	Date there	estimate)	(year)) ma	Actopsy resolts	to external causes, fill in the state of the	ne following; Date of	(State)
(Date rec'd by re	egistrar)			Regi trar	Address Museum	11101	Date signed	



e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09319

1. PLACE OF DEATH: County Curca Curcy City or town Death Carlo City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: //OO January County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Demail 6. (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15. 10. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day 8 4 8 11 hrs. min. 9. Birthplace	Due to
18. Informant M. Starley De Pew Address 3 V Helberry, Johnson Park. Md 17. Buril Date thereof Cerl. 15, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crepratory Cortes Cemetery Location Scranton Penna 18. Funeral director Author Walters Address VSY Carryel St. Jahrn Park. D. C. 19. Och 13 19. (Date recel by register) 19. (Date recel by register) Registrar	Actopsy results PHYSICIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide



PLEASE WRITE

NS

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

16400 CERTIFICATE OF DEATH

(19321) Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County Glanges	State Maryland County Prince Glords
City or town	State Maryland County truck flored
How long In above place of health?/ month	(If outside lity or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 4715 Phode Islandan
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME A	3. (b) Social Security Number
Carl Eugene Jay	10-17-10-9778
4. Sex 5. Color or race 6.(a) Single, marged, widowed, or divorced	MEDICAL CERTIFICATION
Trulo White managed	0 1 1 000
way way resource	2D. DATE DF DEATH. C. S. J. A. 19.4
B.(b) Name of husband or wife Margaret Laylow	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	
7. Birth date of deceased (mo., day, yr.) Abal 2, 1905	and that I last saw halive on
8. AGE: Years Month Days It less than one day	Immediato cause of death DURATION
42 hrs. min.	asplyca
	1/7
9. Birlhplace	Due to
1 0,	0 0
1D. Usual occupationCarpensia	Due to
11. Industry or business	
12. Name Variables Variables	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden nameEllen	
15. Birthplace Van State	Major findings of operations
201001 10	
15. Informant	Autopsy results
Address 52 39. Phenellseents World	22. VIOLENCE: If death was due to external causes, fill the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide, design pate of 0-16-47
Me des Comises M	The state of the s
Cemetery or crematory	(County) (County)
Location Westminutes - M	Injured at home, farm, Industry, poblic place (where a a
18. Funeral director of Luschs som	Means of injury force of self with high day the
Address Systemble md	respectly meaning your
m.1 10	23. SIGNATURE M. D. of other
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Amestrall he 1 Date signed 0-16-19
(Date rec'd by registrar)	Address

OCT 20 1947

The second of the second

The state

WRITE

PLEASE

S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

09321

CERTIFICATE OF DEATH

Reg. Dist. No. 243

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
7. Birth date of deceased (mo., day, yr.) July 30, 1920	and that I last saw h le alivo on Oct 22 me 1947. Immediata cause of death. DURATION
8. AGE: Years Months Days If less than one day 27 27 2 22 hrs. min.	Felmonary Fuberceelous 10 Mis
9. Birthplace	Due to Due to Other conditions
Address 11. Remote Deceased Address 12. Remote Date thoroof Oct 23, 19 47 (Bartal, eremation, or removal, Which?) Cemetery or crematory Location to Washington D.C. 18. Funeral director. R. M. Hottle Address 19. Oct 23, 19 47 Rowland & Philips (Date ree'd by registrar) Registrar Registrar	Antopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09322 Reg. Dist. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Vance Georges	(For newborn infants give residence of mother)
Cily or town(If outside city or town limits, write RURAL and give nearest town)	State Many County Council Glange
	Cily or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Teland memorial Hospital	Street No. 7 6 0 4 Lallung Co. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3, (a) FULL NAME	1. (b) Social Security Number
James Carl S	homes
4. Sex 6. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	_ 20, DATE DE DEATH. Q 2 4 19 47 at 840
0.000 11	
6.(b) Name of husband or wife Challed D. Shom a	21. I CERTIFY that death occurred on the date above stated; that I attended déceased from
6.(c) It alive, give age 49 yea	19, to
7. Birth date of	and that t last saw halive on
deceased (mo., day, yr.) 8. A.G.E. Years Months Days If less than one day	Immediate cause of death DURATION
o. AGE:	Nemaulase and
4 4 10 ml	n. phoch
9. Birthplace washington DE	Due to Atot 340 Work
(Town, Cunty, and state)	in left over
10. Usual occupation	Due to
11. Industry or business Naval Research Jobans	<u> </u>
= 12 Name James Thomas	Other conditions
12. Name Drandwine Md	
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Gin Harvey 15. Birthplace	Major fiadiogs of operations
E 15. Birthplace	Date of op.
16 Interment Ethel B Thomas	Aotopsy resolts
0101 B. D. G. R.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9 6 0 4 Address 4 1 27 1911	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Lat Turcolnia	Where did Injury occur? (City or town) (Ounty) (State)
Cemetery or crematory	1.1 . \
Location County Control County Control County Count	injured at home, farm, industry, public place (where?)
18. Funeral directo I Casche sone	Means of Injustication and with Market and the second
sustail mil	. Repety Hadrept Thamen
Address	23. SIGNATURE
100cf 27 1947 James Severy	D. or wher
19 Oct 2 T laws Settly (Date rec'd by *egistrar) (Registrar)	ar Address the local Date signed D-24-

OCT 28 1947

PLEASE

VS A15

orrect age

MARYLAND STATE DEPARTMENT OF HEALTH

09323

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	Reg. Dirt. No.
1. PLACE OF DEATH: County Ace Garage City or town Barrel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3.(a) FULL NAME John Francis J	homas 3. (b) Social Security Number
14. Sex (5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Q 700 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that i last saw h
8. AGE: Years Months Days It less than one dayhrsmin.	Intra Crawal humbage
B. Birthplace (Town, county, and state)	Due to Carlo roula revel
19. Usual occupation	Due to
E 12. Name Stephen Thomas	Dither conditions
14. Maiden name Emplayed Fleet 15. Birthplace Manual Fleet 15. Birthplace Manual Fleet 16. Birthplace Manual Fleet 17. Birthplace Manual Fleet 18. Birthplace Manual Fleet 18. Birthplace Manual Fleet 19. Birthplac	(Include pregnancy within 3 months of death) Major findings of operations
She Att	Date of op.
Address Borre, Warlend	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
17	Accident, suicide, or homicide
Cemetery or crematory Uscausion Charles and Charles an	Where did Injury occur?
18. Funeral director M. Flading Lons	Mesans of injury * Injured at Type? **Lefter medical forms.**
Pat 8 10 Dece Mills	23. SIGNATURE M. IN or other
19. Getter 19. The second of t	they will the soul D-6 10

RECEIVED

4 8 .

OCT 10 1947

SUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310

19324 Dist No 243

1. PLACE OF DEATH: Ser Ca	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
γ	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Eliga Jane Telghman	
4. Sex 5. Color or race 6.(α) Single, sharried, wildowed, or divorced	MEDICAL CERTIFICATION
- Widnes	20. DATE OF DEATH. Det 21 19 112 at 2 18 18
8.(b) Name of husband or wife James Henry II gliman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	12 0 19 19 10 71 0 11 19 12
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. EX. alive on 20 Cast
8. AGE: Years Months Days If less than one day	Immediate cause of death
87hrsmin.	Dulmanay Elling 3daya
Dal at la mid	Due to Cardisas Insoffesionery Work
9. Birthplace	
10, Usual occupation.	Due to Arterraschoote CXX blogerse
11. Industry or business	
12. Name Abraham Jones	Other conditions
13. Birthplace / /	(Include pregnancy within 3 months of desth)
14. Maiden name Mary Elizabeth Contes	
14. Maiden name	Major findings of operations.
18. Informant Managa Att	Autopsy results.
Address 135 Adams SY N.W Wash DO	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (S) Claus of, 11th Wash W.C.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Mount help	Where did injury occur?
Location Marchellville Trad.	Injured at home, farm, industry, public place (where?)
Ol margares	Means of Injury Injured st work?
18. Funeral director.	20101 10
Address McChelleralle Ma.	23. SIGNATURE Stert B. Casacer M. J.
18. Oct 22 1947 Louise H. Peach (Date ree'd by registrar) Registrar	Address Wheel May Charles M. D. or other Address Wheel May Charles May Bate signed 2 22 2 1 1.2.

OCT 28 1947 BUFEATIFE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09325 Reg. Dist. No. 230

rge's	TE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Prince George!
n limits, write RURAL and give nearest town) 10 Years ore death occurred:	Maryland Prince George State County County Greenbelt City or town (If outside city or town limits, write RURAL and give nearest town) 6 K Hillside Road Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war
. VOLCKHAUSEN	3. (b) Social Security Number
8.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH / 0 - 2 4 - 4 7 19 21 8:30
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Days If less than one dayhrsmin	Immediate cause of death Cartina DURATION Cone y
yn, county, and state) Sewife Jougelmann	Due to
Keysner rland	(Include pregnance within 3 months of death) Major findings of operations. Date of op.
de Rd. Greenbelt, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	G. VOLCKHAUSEN 8.(a)Single, married, widowed, or divorced widowed William C. S.(c) If alive, give age year e 27, 1972 Days If less than one day hrs. mir Jersey wn, county, and state sewife Gougelmann rland Keysner rland Volckhausen de Rd. Greenbelt, Md

OCT 30 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

09326 Reg. Dist. No. 24

1. PLACE OF DEATH: County Privace Georges Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother)
City or town. Takocha Park (If outside city or town limits, write RURAL and give nearest town)	State Md. County Muce Jeoges
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street eddress whose death ocparred and are	Street No. 109 03 New Hampshire and
A. A. K. A.	(If rural, give OCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Leroy Waters	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Herraced	Klathles 9 117 2:20 0
1.6 lda P. V.	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. Lun alive on Oct 2 1947
deceased (mo., day, yr.) 8 - 8 - 1874-	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Pulumonia, Lobar /day
53 / 24hrsmin.	
9. Birthplace (Townly, end state)	Due to
10. Usual occupation. Relief	
11. Industry or business	Due to.
E 12. Name William Henry Water	Coul Groy chia Casthing 20 48 dry
13. Birthplace Lokuland, Md	Other conditions
14. Majden name Edith alsie Dunce	(Include pregnency within 3 months of death)
	Majur fiudiugs of operations.
15. Birthplace Md.	Date of op.
18. Interment Mr. Lawrence Walter	Autopsy results.
Address 6903 New Harpshie are Jok. Pk. Md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	22. VfOLENCE: If death was due to external causee, fill in the following:
Co Ace Hell Cometing	Accident, suicide, or homicide
Cemetery or crematory.	Where dld injury occur?
Location Va Close Excessed Tr. Hes. County	Injured at home, farm, Industry, public place (where?)
18. Funeral director Curhur Wallers	Means of Injury Injured at work?
Address VSY Canoll St. KW Washington W.C	John M. Gudaniso Wish
10 Oct 2" 1047 mm Jan Devere	23. SIGNATURE M. D. or other
(Dete rec'd by registrar) (Registrar	Address Dilwer Fruglia Bate signed acht (4)

MONEY TO THE TENTON

OCT 4 1947

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09327

CERTIFICATE OF DEATH

eg. Diat. No. 245

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants we residence of mother) State
City or town (If outside city or town timits, write RURAL and give nearest town)	City er tewin Acues Cale (tf outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 4803 Tuckeruse
	(If rural, give LOCATION)
How leng in hespital er institution?	2.(a) If veteran, name war
3. (a) FULL NAME Secil M. White	head 3. (b) Social Security Number
4. Sex 5. Celer or race B.(a)Single, married, widewed, or diverced	MEDICAL CERTIFICATION
m m windowed	20. DATE OF DEATH. October 30 19 47 21 3:30 P.
6.(b) Name of husband er wife barriet Whitehead	21. I CERTIFY that death occurred en the date above stated; that I attended deceased from Sept. 30 1947, to Oct. 30 1947
7. Birth date ef	and that I last saw h 1 M ailve en Oct. 30 18 47
deceased (me., day, yr.) 8 ACF Years Months Days If less than ene day	Immediate cause of death DURATION
8. AGE Years Months Days IT less than ene day 24min.	Congestive Heart Failure 9322
9. Birthpiace Joint (Toyn, county and atate)	Due to JTYPERTENSIVE HEART DISEASE
10. Usuat occupation Bury and the state of t	Due to Generalized ARTIRIO Selenais
11. industry or business Washington 12. Name	Other conditions Inquinal beauta
	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiadings of operations.
S 15. Birthplace	Date of op.
18. Intermant Selevia a Cellisti	Autopsy results
Address 4803 Tuckenin So Twelde	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17 Bureal Date thereet 18/3/47	2. VIOLENCE: If death was due to external causes, fill in the fellewing: Accident, suicide, er homicide
(Burial, cremation, or removal. Which2) (month) [day) (year)	
Cemetery er crematery	Where did Injury eccur?
Lecation	Msans of injury Injured at werk?
18. Funeral directer	161 20
Address huerdala recl	23. SIGNATURE J. S. Clayman Mr.
hoor / It / James Severy Registrar	Address mr. Ramier, md Bate signed 10/30/4

RECEIVED

NOV 4 1947

BUREAU V &

M. D. or other

item of information carefully. The causes of death clearly and legibly. INK

BINDING

FOR

RESERVED

MARCIN

C Carlos

WS AUG 9-45-10 PHIEASE WIRITE

CERTIFICA	
City or town. (If outside city or town limits, write RURAL and give necrest town) How long in above place of death? How long in hospital or institution?	State
S. (a) FULL NAME Prola B. Williams . Williams . Williams . Williams . S. Color or 1000 E. (a) Bingle, merried, wildowed, or diversed enable white	ams
8.(a) Home of husband or wife. Stanley williams 7. Birth date at deceased (ma. day, yr) 6. AGE: Years Solo If less than one day	21. L CORT
6. Ulrihplace (Town, county, and syste) 10. Usual occupation	Oue 10
11. Industry or business 12. Name	Other bend
14. Malden name Luciuda Diekerson 15. Birthelaen 18. Informant Win Griffin Address Bladus brog md Oct 30 p. 1	Autopey F PHYRICIA 22: VIOL
17 (Burial, Eremation, or removal: Which?) Bate thereof (month) (day) (rear) Emelery or erematory Location (Dadeus Brogg) Location (Dadeus Brogg)	Accident, Where did Injured at
18 FUNETAL GIRECTOR TO SEPTEMBLE AND MADERAL STATES AND THE SECTION OF THE SECTIO	23: \$18N#

2. USUAL RESIDENCE (HOME) OF CEOP revision in land give residence of m	1 11	20
Stata Coust	y ses	<i>O</i>
City or town	world RURAY, and give near	oet town)
Otrost No. 4800 Cleanest, give L	OCATION)	
2.(a) If veteran, name wer		
me	3. (b) Social Security N	umber
MEDICAL CE	RTIFICATION	
met des	4 0	9.05 A
20. DATE OF DEATH.		
Aug. 15		10 42
ONV TROLL HOUR OWN RESIDENCE HAVE DRIVEN COMMUNICATION		
Immediate cause of death	la	OURATION
	Disease	
Out 16	191193311111931131111111111111111111111	******************
111111111111111111111111111111111111111		*********************
Due 10	151111111111111111111111111111111111111	*******************
110010111110111111111111111111111111111		***************************************
Other senditions	11.11.11.11.11.11.11.11.11.11.11.11.11.	
(Include pregnancy within 8 mg	enths of death)	
Major findings of operations.		

Autopey results PHYSICIAN: Please underline the cause to white	ch death should he charged st	atistically.
22. VIOLENCE: If death was due to external caust	es, fill in the following:	
Accident, suicide, or homicide	Bate of	
Where did injury secur? (Gity of town)	(Eéunty)	(State)
injured at home, farm, industry, public place (who		***************************************
Means of Injury	injured at work?	
(1)	1.40	

NOV 3 1947

IN COLUMN TO THE PARTY OF THE P

4.60

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09321 Reg. Diat. No. 230

1. PLACE OF DEATH: County Prince George City or town Berwyn GOO Set The Type County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Transient Hospital, institution, or street address where death occurred: 8601 54th Ave How long in hospital or institution? 3. (a) FULL NAME Edward Bluaher willingham 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	(If outside city or town limits, write RURAL and give nearest town) 5401 berwyn noad (If rural, give LOCATION)
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION (1) 47 21 9:P
5.(6) Name of husband or wife Anna v. willingham 7. Sirth date of deceased (mo., day, yr.) April 10, 1870	and that I last saw halive on
8. AGE: Years Months Days It less than one day 77 6 9hrs.	Immediate cause of death Acute Congestive heart failure
and ale white widowed 6.(b) Name of husband or wife Anna v. willingham 7. Birth date of deceased (mo. day. yr.) April 10, 1870 8. AGE: Years Months Days It less than one day 77 6 9 hrs. 9. Birthplace White Widowed 10. Usual occupation. 11. Industry or business Retired 12. Name James Alexandra Willingham 13. Birthplace Virgina	
14. Maiden name. Lucetta ?	(Include pregnancy within 3 months of death) Majar findings of operations
16. Informant Tynwood E. Willingham Addrest 1317 D St; N. H. Washington U 17. Burial Date thereof Date Tynyon Date Tyny	22. VIOLENCE: tt death was due to external causes, till in the tollowing; Accident, suicide, or homicide

OCT 25 1947

BUREAU PE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1933() Reg. Diat. No. 237

57d

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Canal Stand	State maryland County Since Realge		
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	2011 1 10 180		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and givo nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
How long in hospital or Institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
WILSON, ESTHER			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE W SINGLE	20. DATE OF DEATH () CTOBER 2 19 47 21 3.254 M		
6.(ò) Name of husband, or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from		
	OCT / 1947 10 OCT 2 1947		
T. Birth date of 2 year	and that I last saw here alive on OCT 1, 19 87 18.		
e A.C.E. Years Months Days if less than one day	Immediais cause of death		
6. AGE. 11/AV 1 4/4	Immediate cause of death DURATION DURATION CESPIRATORY FRILDRE		
49 8 20nin	— [
9. 8irthpiace Manages ma;	Bueto INTERCRANIAL PRESSURG		
2 to 100 collection (link)			
10. Usual occupation	Oue to CEREBRAL OR		
11. Industry or business attelleral Aboregiment	CEREBELLAR TUMOR.		
12. Nome Annes 3, Wilson 21 13. Sirthplace Ganasus Ind.	Other conditions.		
	(Include pregnancy within 3 months of death)		
14. Malden name Suntietta Tromas 15. Birthplace agrusses, and	Major findings of operations.		
E 15. 8irthplace alguases, and .	Date of op.		
16. Informant Priss Ellen Milson	Autopsy results.		
D. man	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Sandymmen Man	22. VIOLENCE: If death was due to external causes, till in the following:		
(Buriai, cremation, or removal Which) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory ACOANLE	Where did Injury occur?		
The de of the Co Med .	(City of town) (County) (State)		
Location Location	Means of injury Injured 24, work?		
18. Funeral director/ FULL Control			
Address When mostoor ma!	23. SIGNATURE Clfred R. Oapen, M.K.		
(ach 3rd 117 Man Han Al	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registra	TAUTIESS TO QUASCO MD Date signed 9Ch 3 197		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No	
1. PLACE OF DEATH: County Y.I.ACE G. C. A. Y. G. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 hys. 40 mins. Hospital, institution, or street address where death occurred: Cince G. C. Y. G. C. S. C. C. C. C. C. L. C. A. C. S. J. J.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	/
How long in hospital or institution? 15 hrs. 40 mins.	2.(a) If veteran, name war	
3. (a) FULL NAME Baby Boy W17	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH	100
6.(b) Name of husband or wife 6.(c) 11 alive, give age years	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from	19 47
deceased (mo., day, yr.) October 7, 1947.	Immediate cause of death 000	LAS.
9. Birihpiace	Oue to Trenaturaly	
11. industry or business 12. Name Levoy Franklin Wine 13. Birthplace Va	Other conditions	
14. Maiden name Theresa Veronica Valencia	(Include pregnancy within 3 months of death) Major findings of operations	
	Date of op.	
16. Informant Mrs. Leroy Wine Address Mitchellville, Md.	Autopsy results	lly.
17. Clemation. (Burial, cremation, or removal. Which?) Date Ihereof. (month) (day) (year)	22. VIOLENCE: Il death was due to external causes, lill in the lollowing; Accident, suicide, or homicide	
Cemetery or crematory Prince Georges General Populat	Where did Injury occur?	
18. Funeral director. 9. 12. Belly Dupt.	Msans of Injury Injured at work?	
Address Cherely md.	23. SIGNATURE OTOGOTO B Jasses	
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address 2pp4 Markotto Date signed 200	X47

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

A15 NS

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

	Dist		2	4	3
60.	Dist.	No	0	7.	_

CERTIFICA	Reg. Dist. No. 42	
1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	StateD.aC.aCounty	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Washington, D. C. (If outside city or town limits, write RURAL and give nearest town)	
Glenn Dale Sanatorium	Street No. 1370 Kenyon St., N. W. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war.	
3. (a) FULL NAME MARY, A, WRIGHT	3. (b) Social Security Number 579-30-3021	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Colored Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH OF 13 47 21 4 A	
6.(a) Name of husband or wife Leroy Wright 6.(c) If alive, give age 19 years 7. Birth date of deceased (mo., day, yr.) February 2, 1927	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Years Months Days If less than one day	A CONTRACTOR OF COSTA	
20 20 8 11min.	Velymari elegacionis 7/27	
8. Birthplace Leesburg, Virginia (Town, county, and state)	Due to	
10. Usual occupation	Ruo fo	
11. Industry or business	300	
12. Name Sam Thompson 13. Birthplaco Leesburg, Virginia	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Ruth Garden 15. Birthplace Leesburg, Virginia	Major findings of operations.	
16. Informant	Autopsy results	
Address 17. Lemon Date thereof. Cont. 13, 1947 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory. Washington, D. C.	Where did injury occur?	
The Tewis of wee of Home	Meens of Injury Injured at work?	
18. Funeral director.	() - 10 n.	
18 Oct. 13 18 47 Rowland S. Plulip	23. SIGNATURE * Ansel h. R.D. Francaso M. Boarothyr	
(Date rec'd by registrar) Registrar	Address Com Klass Date signed	

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legibly RESERVED FOR BINDING MARGIN WITH UNF important. PLAINLY, V WRITE

PLEASE

VS A15

